Clark County Behavioral Risk Factor Surveillance System Report 2002

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ACKNOWLEDGEMENTS

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INTRODUCTION

Background

General Overview of BRFSS

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual telephone survey conducted across the country. It is conducted continuously throughout each year as a collaborative effort between the Centers for Disease Control and Prevention (CDC) and each state's Department of Health. Although the national survey began in 1984, Washington State's first survey was in 1987. The survey collects information on a vast array of health conditions, health-related behaviors, and risk and protective factors about individual health. The results of the survey are used to plan and monitor health intervention and prevention programs, develop policy, and measure progress toward state and national health objectives.

Clark County conducted a countywide BRFSS survey in 1996, 1999, and most recently, in 2002. The county survey uses all BRFSS standard protocols and procedures. The county level data gives estimates of health conditions and risk behaviors among Clark County adult residents.

Questionnaire

The Clark County BRFSS questionnaire used a combination of questions taken directly from the Washington State BRFSS, optional modules available from CDC, and questions from earlier Clark County BRFSS surveys. The survey took approximately 18-20 minutes to administer to each respondent.

About the Report

This report summarizes results from the Clark County, Washington, BRFSS survey in 2002. For each topic discussed, the report provides a brief introduction to the topic, a summary of the findings, and graphs or tables of selected findings. The introduction provides a broad description of the topic and describes the information in the questionnaire. The main findings are summarized with bulleted statements which highlight data found in the graphs and tables, as well as data from other survey questions not displayed in the graphs and tables. For each topic, a table is shown detailing common demographic items (for example age, gender, and income) for selected responses. In addition, the tables include other factors that may be important for the specific topic due to risk associations or common interest. The graphs for each topic draw attention to important findings that may also be mentioned in the table or bulleted statements.

The report also compares Clark County data to the national goals and target health objectives from Healthy People 2010, the nationwide health promotion and disease prevention agenda, when available[1]. The report notes when a topic is one of the ten Leading Health Indicators identified in Healthy People 2010. Leading Health Indicators are described as "the major public health concerns in the United States and were chosen on their ability to motivate action, the availability of data to measure their progress, and their relevance as broad public health issues." [1] In addition to the ten Leading Health Indicators, there are additional topics outlined in Healthy People 2010; each has an overall goal listed as well as specific objectives to help achieve that goal. For instance, the topic of cancer has an overall goal to "reduce the number of new cancer cases as well as the illness, disability, and deaths caused by cancer."[1] The objectives for the topic relate to more specific types of cancer and ways to reduce rates.[1] The Healthy People 2010 goals and objectives are listed in this report when applicable. The report notes when Clark County data met the national targets.

Data from the Clark County BRFSS surveys of 1996 and 1999 are included when they are available.[2,3] The report also includes selected data from the Washington State BRFSS for 1996, 1999, and 2002 for comparison.[4,5]

For all tables and discussions, actual counts and prevalence estimates are not shown when there were fewer than 30 respondents who answered a question.

Methodology

Following BRFSS protocol, adult participants in Clark County were randomly selected by random-digit-dialing of telephone numbers. There were multiple attempts to reach each potential participant.

The BRFSS, by design, is a random sample of the adult population, aged 18 years or older. In Clark County, 600 participants were needed to adequately reflect the entire adult county population of 261,000 (in 2002). For most of the 2002 survey results, there were 910 potential respondents. This was a combination of 619 respondents from the local BRFSS and 291 additional Clark County respondents from the Washington State BRFSS.

Total of 2002 BRFSS respondents in Clark County is 910 (291+619)

4887 total respondents in Washington State BRFSS (4596 NOT in Clark County)

Clark County
total adult pop. 261,000

Washington State

619 respondents to Clark County BRFSS

291 Clark County respondents to Washington State BRFSS
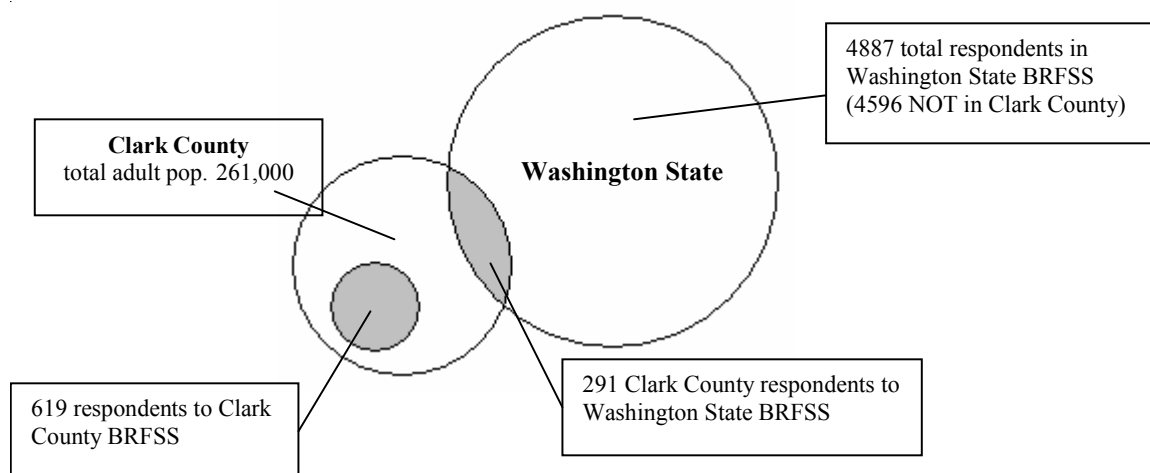
Trained interviewers collected all data over the telephone. Interviews were conducted during the late afternoon and evenings on weekdays, during the day on the weekends, and during the day on weekdays when necessary to reach potential respondents.

Data were adjusted to appropriately account for the age and gender distribution of the county population. Statistical analyses were necessary to provide accurate estimates of prevalence rates. Clark County Health Department staff conducted the analyses in consultation with the Washington State Department of Health BRFSS Coordinator.

Limitations
BRFSS results have several limitations. Because the survey was conducted using residents' telephone numbers, residents living in households without a telephone were not included. Cellular telephone numbers were not included in the survey sampling, so households using only cellular service were not included. Surveys were conducted in English only. Potential respondents were not always available or willing to participate in the survey. Also, because the survey relied on the respondent's own report, some data may be overestimated or underestimated.

Please see the technical appendix for further discussion of background and methodological issues.

Clark County Health Department

GENERAL HEALTH

HEALTH STATUS

One of the two main, overarching goals of Healthy People 2010, the nationwide health promotion and disease prevention agenda, is to increase quality and years of healthy life. Two available measurements of health-related quality of life are perceived health status and number of poor health days experienced.[1]

Self-reported health status is considered an important element in looking at individual health because it asks a person to state how healthy he/she feels. The perception an individual has of his or her own health appears to be important in the overall scheme of personal health. Participants were asked to rate their own general health as "excellent", "very good", "good", "fair", or "poor".

Healthy People 2010
Increasing quality and years of healthy life represents one of two broad goals defined in Healthy People 2010.

Goal 1: Increase Quality and Years of Healthy Life.
• Quality of life includes measures for global assessments (perceived health status) and healthy days.[1]

Understanding one's physical and mental limitations is also important in understanding health status. Respondents were asked the number of days they experienced poor physical or mental health during the preceding month. Respondents were also asked if their physical or mental health kept them from doing their usual activities in the past month.

➤ Overall, most adults said their health was excellent, very good, or good (90%).
➤ Adults with an income of less than $25,000 annually were less likely to state they were in good health.
➤ 34% of adults considered their own physical health not good for one or more days in the past 30 days.
➤ Adults who were aged 35-64, were currently or formerly married, or were a college graduate or more were less likely to report poor physical health (not good for one or more days in past 30 days).
➤ 36% of adults considered their own mental health not good for one or more days in the past 30 days.
➤ Adults who were male or aged 65 or older were less likely to report poor mental health (not good for one or more days in past 30 days).
➤ 9% of adults reported having 14 or more mentally unhealthy days in the past 30 days.

Perceived Health Status
Clark County BRFSS, 2002

Fair or poor 10%
Excellent 22%
Good 33%
Very Good 35%
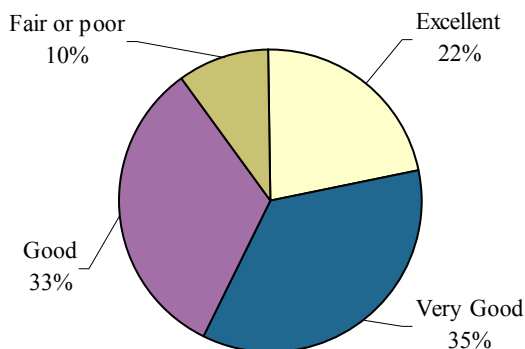
One or More Unhealthy Days
in the Past 30 Days
Clark County BRFSS

□ 1999
■ 2002

Physical: 35% 34%
Mental: 42% 36%
Physical or mental: 33% 31%

Type of Unhealthy Days
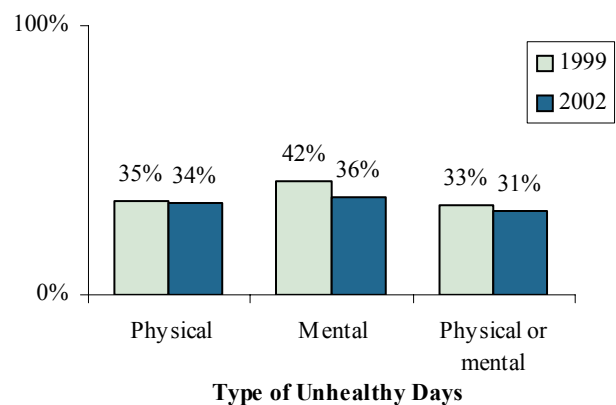
Health Status

	Healthy (CI)	Poor Physical Health (CI)	Poor Mental Health (CI)
All Adults	90% (87-92)	34% (30-39)	36% (32-41)
DEMOGRAPHICS			
Gender:			
Male	90% (86-93)	34% (28-41)	31% (25-38)
Female	89% (86-92)	35% (29-40)	42% (36-48)
Age:			
18-34	94% (89-97)	42% (33-52)	40% (31-49)
35-64	92% (89-94)	29% (24-34)	39% (33-44)
65+	72% (64-80)	40% (31-39)	18% (12-27)
Marital Status:			
Currently Married	93% (90-95)	32% (27-37)	33% (28-39)
Formerly Married	80% (73-86)	32% (25-41)	38% (30-48)
Never Married	92% (84-96)	48% (35-61)	47% (34-59)
Education:			
High school or less	87% (83-91)	39% (31-47)	35% (28-44)
Some post-high school	90% (85-93)	35% (29-42)	40% (33-47)
College graduate or more	94% (92-97)	27% (21-34)	33% (26-42)
Household Income:			
<$25,000	72% (63-80)	42% (33-52)	35% (27-45)
$25,000-49,999	89% (84-93)	36% (28-45)	41% (33-50)
$50,000+	96% (92-97)	31% (25-38)	33% (27-40)
OTHER FACTORS			
Health Insurance:			
Yes	91% (88-93)	33% (29-38)	35% (31-40)
No	83% (71-91)	43% (30-58)	44% (31-58)

Healthy: Percent that said in general their health is Excellent, Very Good or Good.
Poor Physical Health: Including physical illness and injury, percent that felt their physical health was not good for one or more days in the past month.
Poor Mental Health: Including stress, depression, and problems with emotions, percent that felt their mental health was not good for one or more days in the past month.

For reference, the 95% confidence interval (CI) is shown.

HEALTH CARE ACCESS

Health Insurance

Access to quality health care is one of the determinants of health. Health insurance is often a surrogate measure for health care access. People with health insurance are far more likely to receive preventive health care such as immunizations and are more capable of obtaining care when sick. For example, adults with health insurance are twice as likely to receive a routine checkup as are adults without health insurance.[1]

➤ 89% of Clark County adults had health insurance coverage in 2002, a decrease from 93% in 1999.
➤ Adults between ages 35 – 64, female, currently married, had some post high-school education or more, or had household income of $25,000 or more were more likely to have health insurance.
➤ 100% of adults aged 65 or older had some kind of health care coverage.

Clark County has a high percent of residents with health insurance coverage. However at 89%, the county has not yet met the Healthy People 2010 goal that 100% of adults have health insurance coverage. This is a decline from 93% in 1999.

In the past, Clark County actively enrolled citizens in the Washington State Basic Health Plan contributing to the high rate of health insurance coverage. More recently there is limited availability of Basic Health due to state budget cuts. Overall, the number of people enrolled in health insurance coverage in Clark County is far lower than in previous years.

One important factor affecting the health insurance rate is the high rate of unemployment in both Washington and Oregon. The decline in the health insurance rate may be partly from residents not being able to carry health coverage through an employer due to layoffs and plant closures, higher premiums, or not having an option of employer-based insurance due to rising costs.

Healthy People 2010
Access to Quality Health Services is one of ten Leading Health Indicators identified in Healthy People 2010

Goal: Improve access to comprehensive, high-quality health care services.
• Objective 1-1: Increase the proportion of persons with health insurance.
Target 100%.[1]
NOT MET in our county.

Health Insurance Coverage
Clark County and WA State BRFSS

Health Insurance Coverage by Income
Clark County BRFSS, 2002
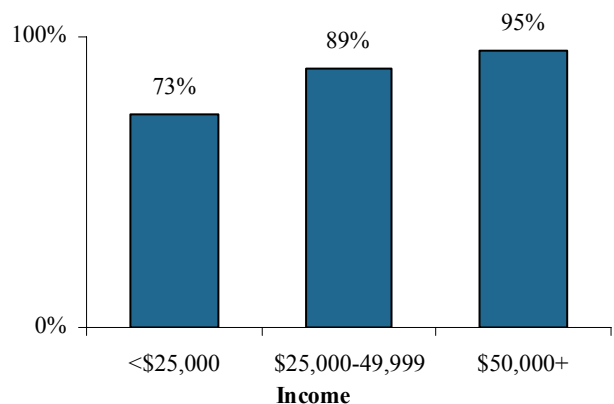
Health Insurance

	Have Coverage (CI)
All Adults	89% (86-92)
DEMOGRAPHICS	
Gender:	
Male	86% (80-91)
Female	92% (88-94)
Age:	
18-34	81% (73-87)
35-64	91% (87-94)
65+	100% (99-99)
Marital Status:	
Currently Married	96% (94-97)
Formerly Married	84% (76-90)
Never Married	68% (55-79)
Education:	
High school or less	81% (75-87)
Some post-high school	92% (88-95)
College graduate or more	97% (93-98)
Household Income:	
<$25,000	73% (62-82)
$25,000-49,999	89% (82-94)
$50,000 +	95% (91-97)
OTHER FACTORS	
Health Status:	
Excellent/Very Good/Good	90% (86-92)
Fair/Poor	82% (70-90)

Have Coverage: Respondents have some kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare.

For reference, the 95% confidence interval (CI) is shown.

Routine Source of Medical Care

In addition to health insurance coverage, access to health care is also affected by having an ongoing source for medical care such as a doctor's office, clinic, health center, etc. In general, individuals with a routine source of medical care are more likely to receive preventive health care services and to obtain care when sick. [1]

Healthy People 2010
Access to Quality Health Services is one of ten Leading Health Indicators identified in Healthy People 2010.

Goal: Improve access to comprehensive, high-quality health care services.
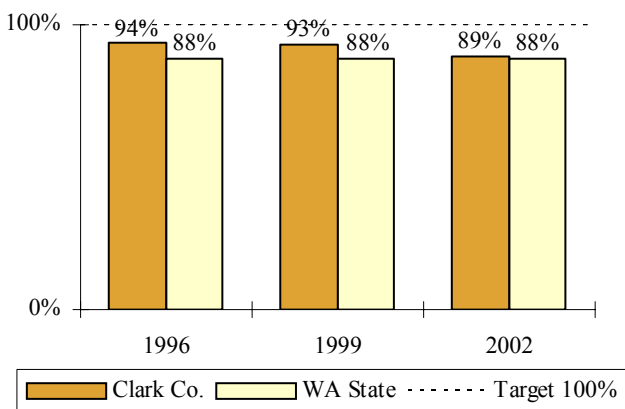- Objective 1-4: Increase the proportion of persons who have a specific source of ongoing care.
Target 96%.[1]
NOT MET in our county.

Respondents were asked where they usually go when they are sick or need advice about their health. This information is critical in understanding and describing the access to health care available to residents of Clark County.

➤ 80% of adults usually go to a doctor's office, Health Maintenance Organization (HMO), public health clinic, or community health center.
➤ 16% of adults sought care through a hospital outpatient department, emergency room, urgent care center, or some other place. Of these, more than two-thirds used an urgent care center.
➤ 4% had no usual source of medical care.
➤ Females were more likely than males to obtain care from a doctor's office/clinic.
➤ Adults aged 18-34 years or who had income of less than $25,000 were less likely to have a doctor's office/clinic as their usual source of care.
➤ 84% of adults with health insurance had a doctor's office/clinic as their usual source of care compared to only 53% of people without health insurance.

Although the 2002 Clark County rate of 80% is similar to the 83% for Washington State, it is a large decrease from the previous rate in Clark County. In 1996, 93%, and in 1999, 94%, of adults sought medical care at a doctor's office/clinic. This decline may be, in part, due to the lower rate of health insurance coverage that has made it necessary for residents to seek care from places other than doctor's offices and health centers.

Usual Source of Medical Care for Adults
Clark Co. and WA State BRFSS, 2002
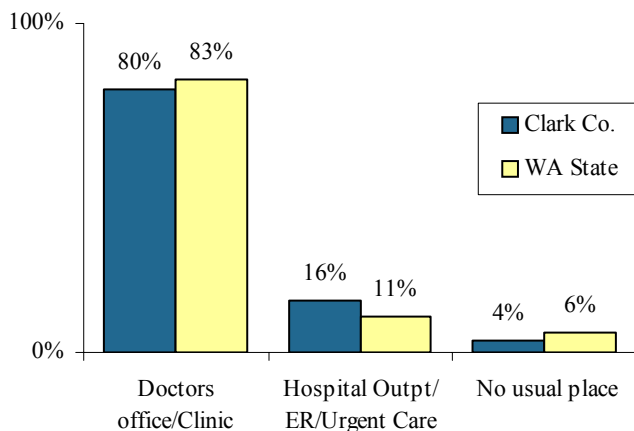
Obtained Medical Care at a Doctor's Office/Clinic
Clark County BRFSS

6
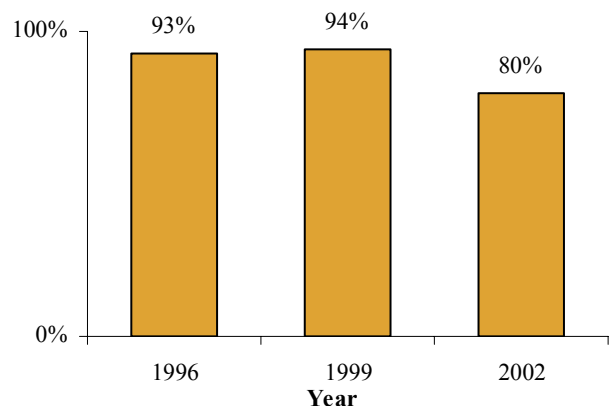
Routine Source of Care

	Doctor's Office/ Clinic (CI)
All Adults	80% (77-84)
DEMOGRAPHICS	
Gender:	
Male	73% (66-79)
Female	88% (84-91)
Age:	
18-34	71% (62-78)
35-64	85% (80-88)
65+	86% (77-92)
Marital Status:	
Currently Married	84% (79-88)
Formerly Married	80% (72-86)
Never Married	69% (57-78)
Education:	
High school or less	78% (71-84)
Some post-high school	80% (73-85)
College graduate or more	84% (77-89)
Household Income:	
<$25,000	68% (57-77)
$25,000-49,999	78% (69-85)
$50,000+	86% (80-90)
OTHER FACTORS	
Health Insurance:	
Yes	84% (80-87)
No	53% (40-67)

Doctor's Office/Clinic: When sick or needing some advice about their health, percent of respondents who go to a doctor's office, HMO, public health clinic, or community health center.

For reference, the 95% confidence interval (CI) is shown.

NOTE: Doctor's Office/Clinic is defined as a doctor's office, HMO, public health clinic, or community health center.

ORAL HEALTH

Oral health is an integral component of overall health. The majority of Americans have benefited over the past half century from safe and effective means of improving oral health and preventing oral diseases. Those with poor oral health may experience needless pain and suffering and complications that can devastate overall health and well-being. The financial and social costs can also significantly diminish the quality of life.[1]

All respondents were asked where they went the last time they visited a health care provider for dental services. They were also asked if they had any coverage that pays for some or all of their routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid. Respondents were also asked how long it had been since they had last visited a dentist or a dental clinic for any reason.

Last Visit to Dentist
Clark County BRFSS, 2002

Five or More Years Ago 7%

Two to less than five years ago 10%

One to less than two years ago 12%

Within the Past Year 71%
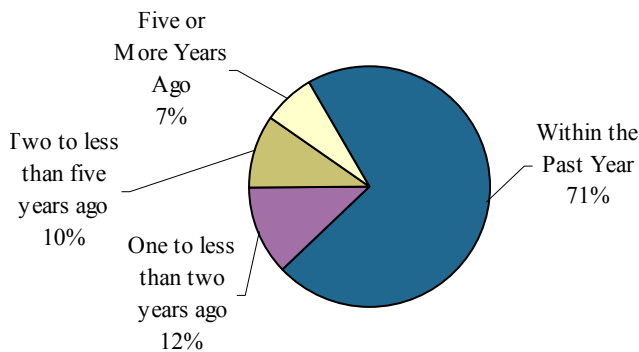
➤ 95% of adults went to a private dentist the last time they received dental services.
➤ 67% of Clark County adults had some kind of dental insurance coverage that paid for some or all of their routine dental care.
➤ Adults who were under 65 years of age, were currently married, had some post high-school education or more, or had a household income of $50,000 or more were much more likely to have dental insurance.
➤ 71% of the adults had visited a dentist or dental clinic within the past year.
➤ Adults who were currently married, had some post high-school education or more, or had a household income of $50,000 or more, were more likely to have visited a dentist or dental clinic in the last year.
➤ Only 49% of adults without health insurance had visited a dentist or dental clinic in the last year compared to 73% with health insurance.
➤ 63% of adults had never had a permanent tooth extracted due to disease.

Dental Insurance by Income
Clark County BRFSS, 2002

100%

84%

70%

39%

0%

<$25,000 $25,000-49,999 $50,000+
Income
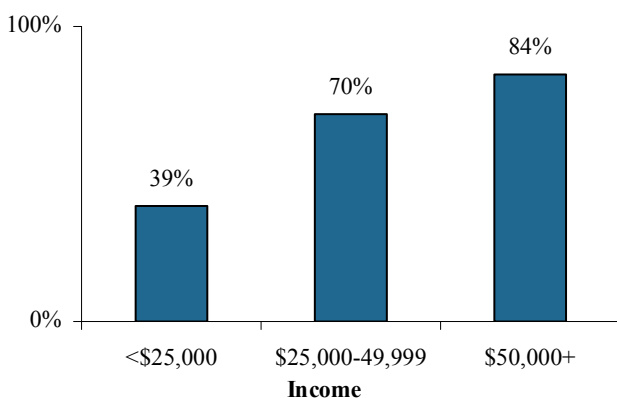
Healthy People 2010

Goal: Prevent and control oral and craniofacial diseases, conditions, and injuries and improve access to related services.
- Objective 21-3: Increase the proportion of adults who have never had a permanent tooth extracted because of dental caries or periodontal disease. **Target** 42%.[1]
MET in our county.

Oral Health

	Have Coverage	(CI)	Recent Visit	(CI)
All Adults	67%	(60-74)	71%	(66-75)
DEMOGRAPHICS				
Gender:				
Male	67%	(61-73)	68%	(62-74)
Female	67%	(62-72)	73%	(67-78)
Age:				
18-34	62%	(52-72)	67%	(57-67)
35-64	77%	(72-82)	74%	(69-79)
65+	35%	(26-45)	65%	(56-73)
Marital Status:				
Currently Married	78%	(73-82)	78%	(73-82)
Formerly Married	53%	(43-62)	56%	(48-66)
Never Married	46%	(33-59)	62%	(48-74)
Education:				
High school or less	51%	(42-59)	58%	(50-66)
Some post-high school	75%	(68-81)	75%	(69-80)
College graduate or more	81%	(74-86)	85%	(79-89)
Household Income:				
<$25,000	39%	(28-50)	56%	(46-66)
$25,000-49,999	70%	(61-78)	69%	(60-77)
$50,000+	84%	(78-89)	81%	(75-85)
OTHER FACTORS				
Health Insurance:				
Yes	76%	(72-80)	73%	(69-78)
No	-		49%	(36-63)

Have Coverage: Respondents have some kind of insurance coverage that pays for some or all of their routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid.

Recent Visit: Including visits to dental specialists such as orthodontists, they last visited a dentist or a dental clinic for some reason within the past year.

For reference, the 95% confidence interval (CI) is shown.

Dash (-) indicates sample size is less than 30.

OVERWEIGHT/OBESITY

Overweight and obesity are complicated subjects that combine many issues from genetics to behavior to social factors.[6] Essentially, a person may become overweight by consuming more calories than they expend. Eating a healthy diet and exercising regularly can help a person achieve and maintain a healthy weight.[1]

In 2002, an estimated 400,000 deaths in the United States were attributable to poor diet and physical inactivity. Currently ranked second, poor diet and physical inactivity may soon surpass tobacco use as the leading cause of preventable disease and death in the United States.[7]

Clark County, along with the state of Washington and the nation, continues to show an increase in the percentage of people who are either overweight or obese.[4, 8] In 2002, nearly two-thirds of the adult population of our county was either overweight or obese.

**Overweight and Obese Prevalence
Clark County BRFSS**
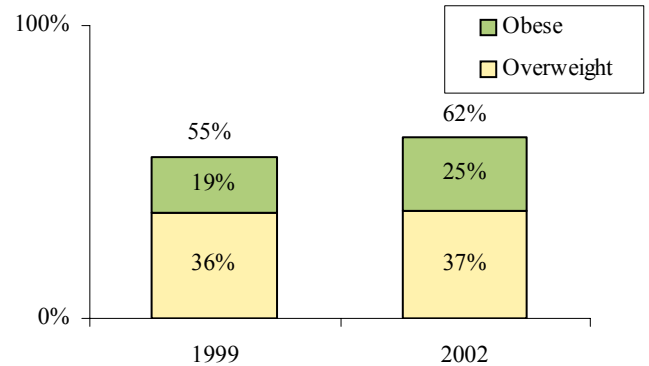
Being overweight or obese can have serious health impacts for individuals. It increases the risk of developing type 2 (non-insulin dependent) diabetes, hypertension (high blood pressure) and heart disease which constitute some of the leading causes of premature death in the United States. Obesity is also related to other conditions including high blood cholesterol, cancer (including endometrial, breast, prostate, and colon), sleep apnea and other disturbances, asthma, arthritis, depression, and complications in pregnancy. These conditions may be improved by losing weight and increasing physical activity.[1, 8]

**Overweight and Obese by Gender
Clark County BRFSS**
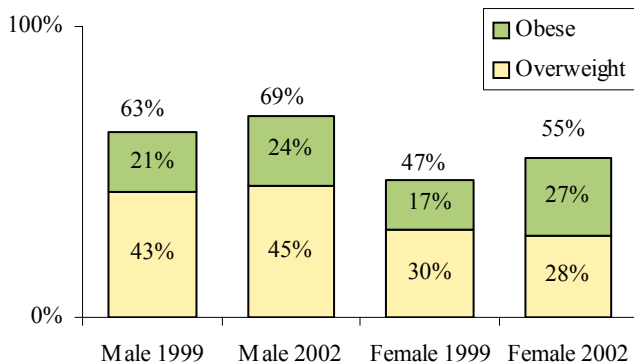
➤ The majority of Clark County adults (62%) were either overweight or obese in 2002, compared to 55% in 1999.
➤ 37% of Clark County adults were overweight and 25% reported being obese.
➤ The greatest change was in the obese category with an increase from 19% in 1999 to 25% in 2002.
➤ The 35-64 year old age group had the highest percent of people who were overweight or obese. Approximately four out of ten people in this age group were overweight (39%) and three out of ten were obese (30%) for a total of 69%.
➤ The 18-34 year old age group had the lowest total prevalence of overweight and obesity; however, five out of ten people were either overweight or obese in this age group (53%).
➤ The overweight/obesity problem is greater in males than in females in Clark County, 63% in males versus 47% in females in 1999, and 69% versus 55% in 2002.
➤ There was a large increase in obesity among Clark County women from 1999 to 2002, 17% to 27% respectively.

Overweight/Obesity

	Not Overweight (CI)	Overweight (CI)	Obese (CI)
All Adults	38% (34-43)	37% (33-41)	25% (21-30)
DEMOGRAPHICS			
Gender:			
Male	31% (25-38)	45% (38-52)	24% (18-30)
Female	45% (39-51)	28% (23-34)	27% (22-34)
Age:			
18-34	47% (38-57)	33% (25-41)	20% (13-29)
35-64	31% (26-37)	39% (33-45)	30% (25-36)
65+	42% (33-51)	38% (30-47)	20% (13-28)
Marital Status:			
Currently Married	33% (28-39)	39% (33-45)	28% (23-34)
Formerly Married	44% (35-53)	35% (28-44)	21% (15-29)
Never Married	47% (34-60)	31% (21-43)	22% (13-34)
Education:			
High school or less	42% (33-50)	31% (25-38)	28% (20-36)
Some post-high school	36% (29-43)	42% (35-49)	23% (18-29)
College graduate or more	36% (29-43)	39% (32-48)	25% (18-35)
Household Income:			
<$25,000	45% (34-56)	30% (21-40)	26% (19-34)
$25,000-49,999	40% (31-49)	35% (28-43)	26% (18-35)
$50,000 +	32% (26-38)	43% (36-50)	25% (19-32)
OTHER FACTORS			
Health Status:			
Excellent, Very Good, Good	40% (35-45)	37% (32-41)	24% (20-29)
Fair, Poor	-	38% (28-50)	38% (27-50)
Health Insurance:			
Yes	37% (32-42)	38% (33-42)	25% (21-30)
No	45% (32-60)	-	-

Not Overweight: Not overweight or obese (BMI less than 25.0)
Overweight: Overweight (BMI of 25.0 to 29.9)
Obese: Obese (BMI 30.0 or greater)

For reference, the 95% confidence interval (CI) is shown.
Dash (-) indicates sample size is less than 30.

> NOTE: Body mass index (BMI) is a tool to measure weight status in adults by describing specific weight-to-height ratios. It is calculated by dividing a person's weight by the square of their height in inches and multiplying by 703. For adults, a BMI of 18.5 to 24.9 is considered a healthy weight. Overweight is defined as a BMI of 25.0 to 29.9, and obese is defined as a BMI of 30.0 or greater. BMI correlates with, but does not measure body fat. For instance, two people may have the same BMI but different percents of body fat.

Healthy People 2010

Goal: Promote health and reduce chronic disease associated with diet and weight.
- Objective 19-1: Increase the proportion of adults who are at a healthy weight.
  Target 60%.[1]
  NOT MET in our county.
- Objective 19-2: Reduce the proportion of adults who are obese.
  Target 15%[1]
  NOT MET in our county.

PHYSICAL ACTIVITY

According to *Physical Activity and Health: A Report of the Surgeon General*, most people benefit from physical activity.[9] Physical activity does not have to be strenuous to be beneficial. Evidence suggests that mild increases in physical activity level can lead to numerous health benefits for individuals. In fact, more people are likely to adopt a moderate level of physical activity versus a vigorous level of physical activity.[1, 10]

Physical activity can protect individuals from developing heart disease, diabetes, some cancers, and high blood pressure. Physical activity can be a key factor in preventing coronary heart disease, the leading cause of death and disability in the United States. It also helps prevent disease and injury by helping to control or maintain weight; contributing to healthy bones, muscles, and joints; reducing falls among the elderly; and by relieving the pain of arthritis. Physical inactivity can put people at risk for poor health just as other factors such as cigarette smoking, high blood pressure, and high blood cholesterol can.[1, 8]

Respondents were asked how much, if any, physical activity or exercise they did. The categories examined include: (1) leisure time physical activity, (2) moderate physical activity and (3) vigorous physical activity. (See definitions below).

➤ 16% of the adult population of Clark County did <u>not</u> participate in any leisure time physical activity.
➤ 41% of adults participated in moderate physical activity.
➤ 32% of adults participated in vigorous physical activity.
➤ Adults who had a high school education or less, had a household income of less than $25,000, or who were in fair or poor health were less likely to have engaged in leisure time physical activity.
➤ Adults who were male, aged 18-34 years, or were college graduates or more were more likely to have done vigorous physical activity.

NOTE:
- Leisure time physical activity is defined as any physical activity outside of a regular job.
- Irregular activity is defined as moderate intensity physical activity done less than the recommended frequency of 30 minutes or more per session for five times a week or more.
- Moderate activity is defined as physical activity done for 30 minutes or more per session for five times a week or more. CDC states that during moderate intensity physical activities a person should feel some exertion, but should be able to carry on a conversation comfortably during the activity.
- Vigorous activity is defined as physical activity done for at least 20 minutes per session three or more times a week with an energy expenditure of 50% or greater of maximum cardiorespiratory capacity.

Moderate Physical Activity by Gender Clark County BRFSS, 2002

Vigorous Physical Activity by Gender Clark County BRFSS, 2002
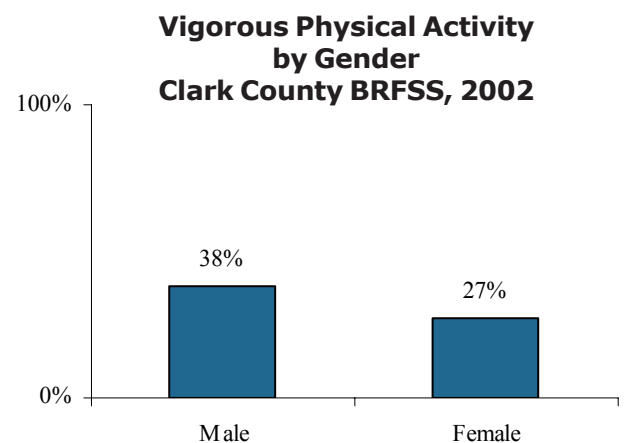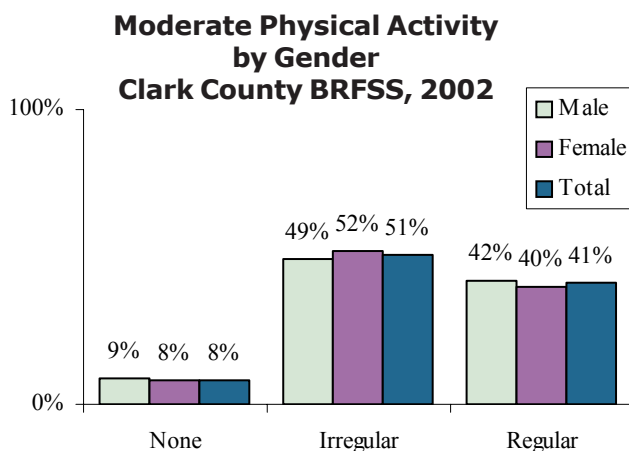
Physical Activity

	No Leisure Time Physical Activity (CI)	Moderate Physical Activity (CI)	Vigorous Physical Activity (CI)
All Adults	16% (13-19)	41% (37-46)	32% (28-37)
DEMOGRAPHICS			
Gender:			
Male	14% (10-18)	42% (35-50)	38% (31-45)
Female	18% (13-23)	40% (34-46)	27% (22-33)
Age:			
18-34	15% (9-24)	46% (36-56)	40% (31-50)
35-64	15% (11-19)	40% (34-46)	31% (26-37)
65+	22% (15-30)	37% (27-47)	-
Marital Status:			
Currently Married	14% (11-17)	39% (33-45)	29% (24-35)
Formerly Married	19% (13-27)	40% (31-50)	29% (21-40)
Never Married	-	50% (37-63)	44% (31-58)
Education:			
High school or less	23% (17-30)	43% (35-52)	27% (20-36)
Some post-high school	12% (9-17)	39% (32-46)	29% (22-36)
College graduate or more	-	41% (33-50)	44% (36-52)
Household Income:			
<$25,000	21% (15-30)	40% (29-52)	-
$25,000-49,999	15% (11-21)	42% (34-51)	32% (24-41)
$50,000 +	11% (8-15)	44% (37-51)	39% (32-46)
OTHER FACTORS			
Health Status:			
Excellent, Very Good, Good	14% (11-18)	44% (38-49)	35% (31-41)
Fair, Poor	28% (20-39)	-	-
Health Insurance:			
Yes	15% (12-19)	40% (35-45)	32% (28-37)
No	-	-	-
Current Smoker:			
Yes	16% (10-24)	50% (38-62)	43% (30-56)
No	16% (12-20)	39% (34-44)	30% (26-35)
Weight Status:			
Not overweight (BMI<25.0)	14% (9-21)	50% (42-58)	42% (34-50)
Overweight (BMI between 25.0 and 29.9)	14% (9-19)	42% (35-50)	32% (25-40)
Obese (BMI 30.0 or greater)	20% (15-28)	26% (19-36)	-

No Leisure Time Physical Activity: Respondents that do not participate in leisure time physical activity.
Moderate Physical Activity: Respondents that participate in moderate physical activity.
Vigorous Physical Activity: Respondents that participate in vigorous physical activity.
For reference, the 95% confidence interval (CI) is shown.
Dash (-) indicates sample size is less than 30.

FAMILY PLANNING

The 1995 Institute of Medicine report, *The Best Intentions: Unintended Pregnancy and the Well-being of Children and Families*, calls for a change in the social norm in the United States so that all pregnancies are intended. An intended pregnancy is one that is clearly desired at the time of conception. The nationwide goal regarding family planning is to "improve pregnancy planning and spacing and prevent unintended pregnancy."[1] The knowledge and use of contraceptives plays a crucial role in improving the timing and planning of pregnancies and otherwise preventing unintended pregnancies.[1, 11] Unintended pregnancies are serious and costly for medical, economic, and social reasons.[1]

The survey asked female respondents less than 45 years old and male respondents less than 60 years old if they or their husband/wife/partner were doing anything to keep from getting pregnant. They were also asked what they or their husband/wife/partner were doing to keep from getting pregnant.

➤ 62% of these adults (females <45 years old and males <60 years old) had used birth control.
➤ 25% of these adults were not doing anything to keep from getting pregnant.
➤ 12% of adults were not currently sexually active.
➤ Adults who were currently married were more likely to use birth control (72%).
➤ 2 out of 3 college graduates (67%) reported using birth control.
➤ 65% of adults with health insurance were doing something to keep from getting pregnant compared to 43% of adults with no health insurance.
➤ 40% of adults reported sterilization as the primary method of birth control.

Healthy People 2010
Family Planning is one of ten Leading Health Indicators identified in Healthy People 2010.

Goal: Improve pregnancy planning and spacing and prevent unintended pregnancy.[1]

Birth Control Methods Used
Clark County BRFSS, 2002

Other, 20%
Sterilization, 40%
Condoms, 19%
Pill, 21%
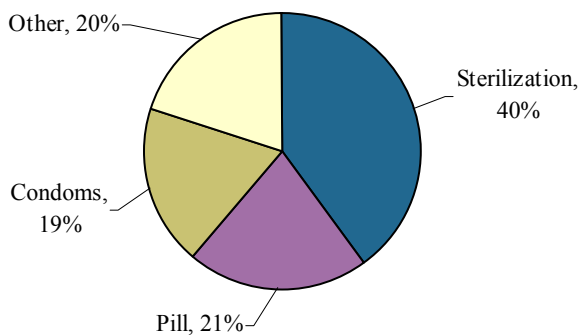
Birth Control Use by Education
Clark County BRFSS, 2002

High school or less: 59%
Some post-high school: 61%
College graduate or more: 67%
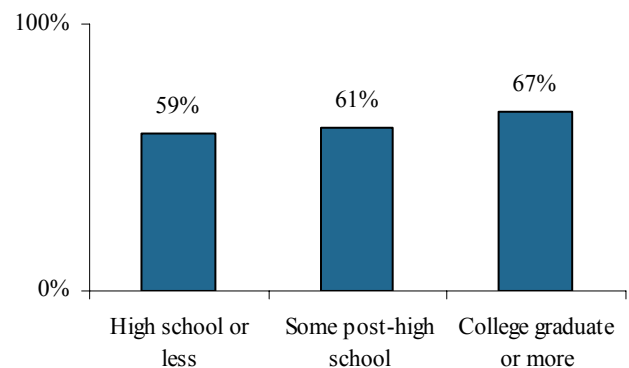
Birth Control

	Using Birth Control (CI)
All Adults (Females <45 years old and males <60 years old)	62% (56-68)
DEMOGRAPHICS	
Gender:	
Male	61% (53-68)
Female	64% (55-72)
Age:	
18-34	58% (49-67)
35-59	66% (58-72)
Marital Status:	
Currently Married	72% (65-77)
Formerly Married	51% (37-65)
Never Married	43% (31-56)
Education:	
High school or less	59% (49-69)
Some post-high school	61% (52-70)
College graduate or more	67% (56-68)
Household Income:	
<$25,000	54% (39-69)
$25,000-49,999	68% (57-77)
$50,000+	64% (56-71)
OTHER FACTORS	
Health Status:	
Excellent/Very Good/Good	64% (58-70)
Fair/Poor	-
Health Insurance:	
Yes	65% (59-71)
No	43% (29-59)

Using Birth Control: Respondent or partner are doing something now to keep from getting pregnant.

For reference, the 95% confidence interval (CI) is shown.
Dash (-) indicates sample size is less than 30.

SOCIAL CAPITAL

Social capital refers to the individual and collective resources that create the bonds between individuals and groups and therefore the foundation of a community. Resources such as time and energy contribute to community improvement, civic engagement, and other activities. [12]

Volunteerism can be a measure of social connectedness within a community. Social connectedness, an aspect of social cohesion, serves as a protective factor for the community. The amount of time people donate directly enhances local area programs and organizations. [13]

Respondents were asked if they had attended a public meeting on town or school affairs in the past year. They were also asked to choose if in general they felt that "most people could be trusted" or that you "cannot be too careful in dealing with people." Additionally, respondents were asked how many times, if any, they did volunteer work in the past year.

➤ 28% of adults had attended a public meeting on town or school affairs during the past year.
➤ 53% of adults felt "most people can be trusted" and 41% felt you "cannot be too careful in dealing with people."
➤ 54% of adults did volunteer work in the past year.
➤ 36% of adults volunteered at least once per year, 9% at least once per month, 11% at least once per week.
➤ 40% of adults volunteered three or more times in the past year.
➤ Adults more likely to volunteer three or more times per year were aged 35-64, were currently married, had a household income of $50,000 or more, or had some post-high school education or more.

Healthy People 2010

There is no relevant Healthy People 2010 goal regarding social capital.

**Volunteered 3 or More
Times in Past Year by Education
Clark County BRFSS, 2002**
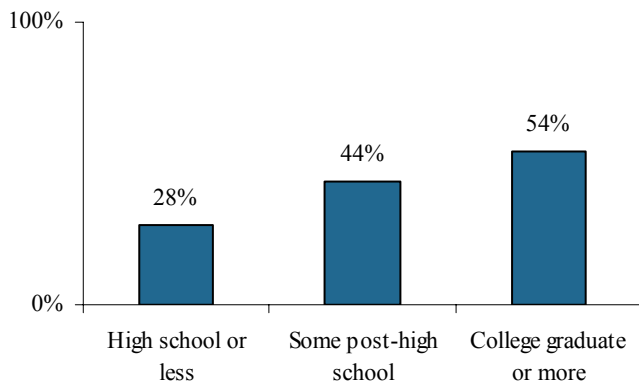
**Number of Times Individuals
Volunteered in the Past Year
Clark County BRFSS, 2002**
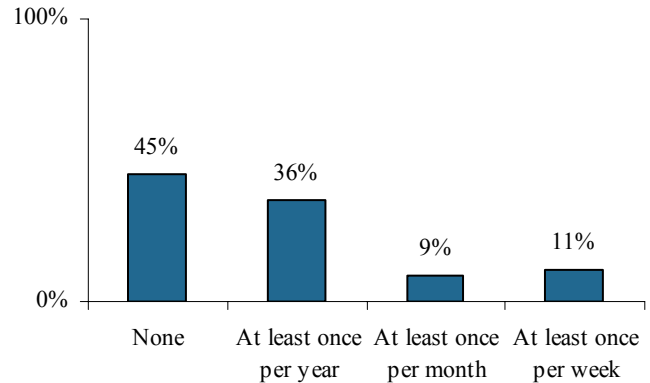
Volunteerism

	<3 Times (CI)	3 or More Times (CI)
All Adults	60% (56-64)	40% (36-45)
DEMOGRAPHICS		
Gender:		
Male	63% (56-69)	37% (31-44)
Female	57% (51-63)	43% (37-49)
Age:		
18-34	64% (55-72)	36% (28-45)
35-64	55% (49-60)	46% (40-51)
65+	72% (63-79)	29% (21-37)
Marital Status:		
Currently Married	55% (49-60)	45% (40-51)
Formerly Married	69% (60-76)	31% (24-40)
Never Married	69% (58-78)	31% (22-42)
Education:		
High school or less	72% (65-78)	28% (22-35)
Some post-high school	56% (49-63)	44% (37-51)
College graduate or more	46% (38-54)	54% (46-62)
Household Income:		
<$25,000	76% (67-83)	25% (17-33)
$25,000-49,999	64% (55-72)	36% (28-45)
$50,000+	48% (42-55)	52% (45-58)
OTHER FACTORS		
Health Status:		
Excellent, Very Good, or Good	59% (54-63)	41% (37-46)
Fair or Poor	70% (60-79)	30% (21-40)
Health Insurance:		
Yes	58% (54-63)	42% (37-46)
No	73% (60-83)	27% (18-40)

<3 Times: Volunteered less than three times in the past year.
3 or More Times: Volunteered three or more times in the past year.

For reference, the 95% confidence interval (CI) is shown.

CHRONIC DISEASE

ALCOHOL CONSUMPTION

A large proportion of adults consume alcoholic beverages. Consumption varies from rare or special occasions to long-term heavy use or daily binge drinking. Overall, alcohol consumption is a factor in approximately 100,000 deaths per year in the United States. Alcohol use can contribute to many diseases and health conditions. Alcohol can also be a major factor related to injuries and death from motor vehicle crashes, falls, fires, and drowning.[1]

Long-term heavy alcohol use and abuse can have severe effects on personal health. This type of chronic alcohol use can lead to increased risk for high blood pressure, heart problems, stroke, certain cancers (esophagus, mouth, throat, larynx, colorectal), cirrhosis, and other liver disorders.[1] As well, alcoholism can further complicate other health conditions.

Excessive drinking in a day is also of concern. Binge drinking is defined as having five or more alcoholic drinks on a single occasion. Nationally, binge drinking is particularly prevalent among males and young adults. A similar pattern occurs in Clark County.

➤ The majority of adults (60%) had at least one alcoholic beverage in the past month.
➤ 15% of adults had consumed five or more alcoholic drinks on one occasion classifying them as binge drinkers. This percentage has increased slightly from the 1999 BRFSS, which reported this number at 13%.
➤ Binge drinkers were much more likely to be male (22%), younger (aged 18-34 years) (23%), or never married (30%).
➤ Neither educational attainment nor income appeared to differ between respondents who binge drank and those who did not.
➤ Current cigarette smokers were much more likely to binge drink than others (29% compared to 11%).

Healthy People 2010
Substance Abuse is one of ten Leading Health Indicators identified in Healthy People 2010.

Goal: Reduce substance abuse to protect the health, safety, and quality of life for all, especially children.
• Objective 26-11c: Reduction in adults and adolescents engaging in binge drinking during past month.
Target 6% for adults aged 18 years and older.[1]
NOT MET in our county.

Binge Drinking by Gender
Clark County BRFSS
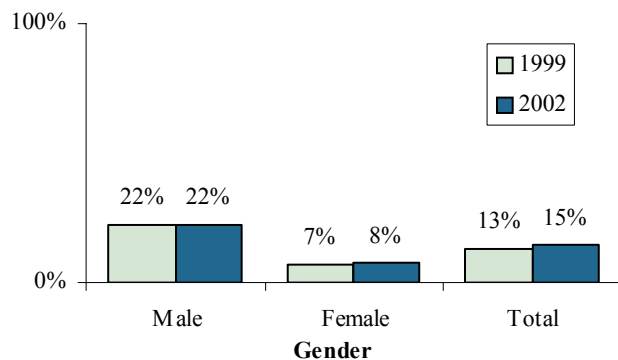
Binge Drinking by Age
Clark County BRFSS
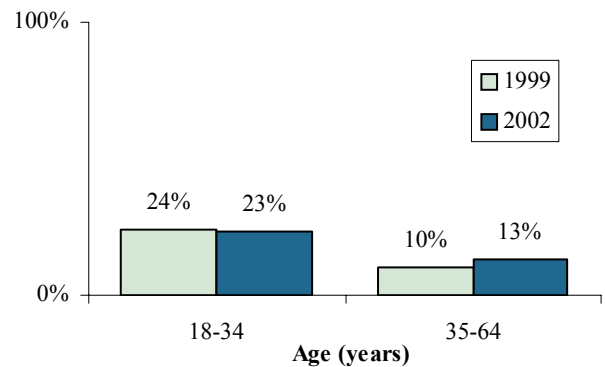
Alcohol Consumption

	Binge Drinking (CI)
All Adults	15% (12-18)
DEMOGRAPHICS	
Gender:	
Male	22% (17-28)
Female	8% (5-12)
Age:	
18-34	23% (16-31)
35-64	13% (9-17)
65+	-
Marital Status:	
Currently Married	12% (8-16)
Formerly Married	-
Never Married	30% (20-43)
Education:	
High school or less	17% (12-24)
Some post-high school	15% (10-21)
College graduate or more	-
Household Income:	
<$25,000	-
$25,000-49,999	15% (9-23)
$50,000+	17% (13-23)
OTHER FACTORS	
Health Insurance:	
Yes	12% (9-15)
No	-
Current Smoker:	
Yes	29% (20-40)
No	11% (8-14)

Binge Drinking: Respondents who consumed five or more alcoholic drinks on a single occasion in the past 30 days.

For reference, the 95% confidence interval (CI) is shown. Dash (-) indicates sample size is less than 30.

TOBACCO USE

Cigarette Smoking

Tobacco use, particularly smoking, remains the primary cause of preventable disease and death in the United States. Each year, more than 430,000 adult Americans die prematurely because of smoking-related diseases. In 2000, the number of deaths was estimated at 435,000. In 1997, nearly one in four U.S. adults and one in three teenagers smoked.[1, 7]

Cigarette smoking is a major risk factor for many diseases including heart disease, lung cancer (and other cancers including larynx, esophagus, pharynx, mouth, and bladder), chronic lung diseases, and stroke. These conditions represent some of the leading causes of death in the United States.[1] Adverse health outcomes associated with smoking during pregnancy include miscarriages, low birth weight babies, and sudden infant death syndrome (SIDS).[1]

Although efforts continue to encourage smoking cessation at an individual level, many efforts to reduce tobacco use in the United States now involve population-based interventions. These include programs that prevent initiation of smoking, reduce exposure to secondhand smoke, and encourage other changes to promote smoking cessation.[1]

Cigarette Smoking Prevalence Clark County BRFSS
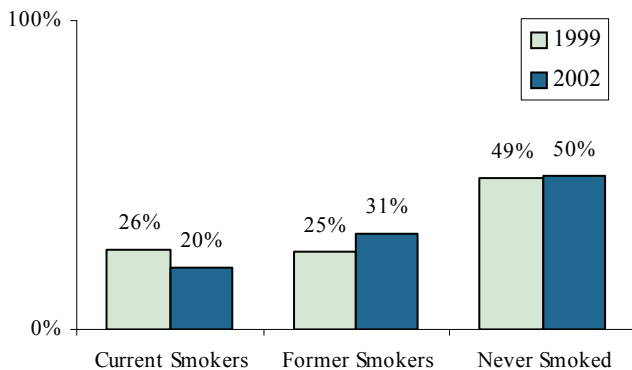
➤ 20% of Clark County adults currently smoke, which is an improvement from the 1999 rate of 26%.

➤ There were more former smokers (31%) in 2002 than in 1999 (25%).

➤ Adults who were currently married (12%) were far less likely to smoke than adults who were either formerly married or never married.

➤ Adults with an income level of $50,000 or more (14%) were less likely to smoke.

➤ A larger proportion of adults without health insurance smoked (42%) compared to adults with health insurance (17%).

➤ 46% of current smokers had tried to quit for 1 day or longer during the past 12 months.

➤ 71% of current smokers saw a doctor in the past 12 months, and only 32% were advised to quit smoking.

➤ 82% of adults did not allow smoking anywhere inside their home.

➤ Most adults had official policies at their workplace that restricted smoking; 82% did not allow smoking in any indoor public area (such as lobbies, restrooms, lunchroom) and 85% did not allow smoking in any work area.

Current Smokers by Age Clark County BRFSS
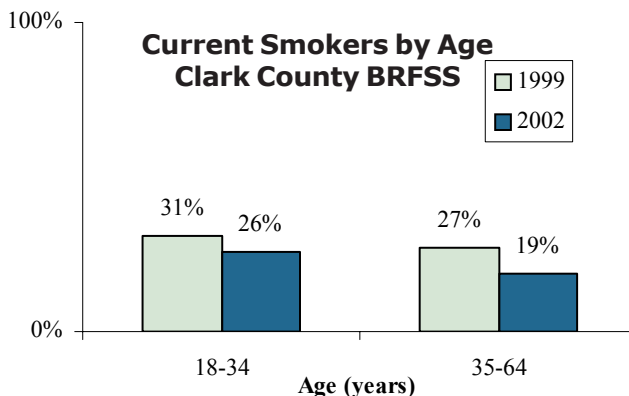
Current Smokers by Education Clark County BRFSS
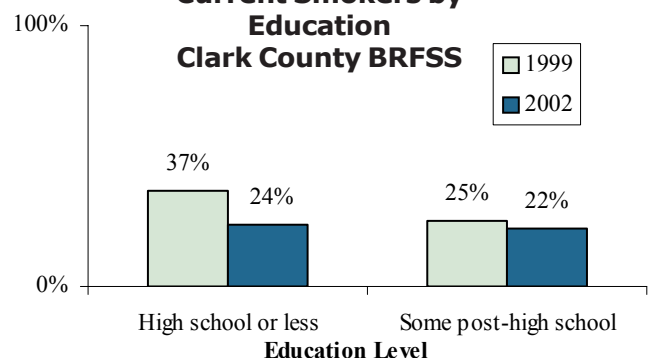
Cigarette Smoking

	Current Smoker (CI)	No Smoking in Home (CI)
All Adults	20% (16-24)	82% (78-85)
DEMOGRAPHICS		
Gender:		
Male	22% (16-28)	83% (77-87)
Female	18% (13-24)	81% (76-86)
Age:		
18-34	26% (18-35)	85% (77-91)
35-64	19% (15-24)	82% (77-86)
65+	-	74% (65-81)
Marital Status:		
Currently Married	12% (9-17)	87% (83-91)
Formerly Married	31% (23-42)	72% (63-79)
Never Married	33% (22-46)	75% (61-85)
Education:		
High school or less	24% (18-32)	76% (68-82)
Some post-high school	22% (16-29)	82% (76-87)
College graduate or more	-	92% (87-95)
Household Income:		
<25,000	29% (19-41)	77% (68-84)
$25,000-49,999	23% (16-32)	76% (67-84)
$50,000+	14% (10-20)	89% (84-92)
OTHER FACTORS		
Health Status:		
Excellent, Very Good, Good	19% (15-24)	83% (79-86)
Fair, Poor	-	76% (67-83)
Health Insurance:		
Yes	17% (13-21)	83% (79-86)
No	42% (29-57)	74% (58-85)

Current Smoker: Smoked at least 100 cigarettes in their life and currently smokes every day or some days.
No Smoking in Home: Smoking is not allowed anywhere inside home.

For reference, the 95% confidence interval (CI) is shown.
Dash (-) indicates sample size is less than 30.

> NOTE: A current smoker is defined as someone who has smoked at least 100 cigarettes in their lifetime and who now reports smoking cigarettes every day or some days.

Healthy People 2010
Tobacco Use is one of 10 Leading Health Indicators identified in Healthy People 2010.

Goal: Reduce illness, disability, and death related to tobacco use and exposure to secondhand smoke.
- Objective 27-1a: Reduction in tobacco use by adults aged 18 years and older.
  Target 12% for cigarette smoking.[1]
  NOT MET in our county.
- Objective 27-12: Increase the proportion of worksites with formal smoking policies that prohibit smoking or limit it to separately ventilated areas.
  Target 100%.[1]
  NOT MET in our county.

Smokeless Tobacco

Tobacco use is the leading single cause of preventable death in our society – one in five of all deaths can be attributed to tobacco use. More than 20% of Washington adults continue to use tobacco despite increasing general knowledge about its harm.[13] Although cigarette smoking accounts for the majority of tobacco use, other forms of tobacco have harmful health effects as well. Smokeless tobacco, or chew, causes tooth abrasion, gum recession, increased tooth decay, tooth discoloration and bad breath, nicotine dependence, unhealthy eating habits, oral cancer, and other cancers.[1]

Healthy People 2010
Tobacco Use is one of ten Leading Health Indicators identified in Healthy People 2010.

Goal: Reduce illness, disability, and death related to tobacco use and exposure to secondhand smoke.[1]

Respondents were asked if they had ever used or tried any smokeless tobacco products such as chewing tobacco or snuff.

➤ 17% of Clark County adults use or have used smokeless tobacco.
➤ About one-third of males (32%) have chewed smokeless tobacco.
➤ There was little difference between income level and smokeless tobacco use: 18% of adults with an income level of $25,000 - $49,999 and 19% of adults with income of $50,000 or greater had used smokeless tobacco.
➤ Current smokers (27%) were more likely to have used smokeless tobacco than adults who were not current smokers (15%).
➤ 79% of adults who had ever used smokeless tobacco do <u>not</u> currently use it.

Smokeless Tobacco Use
Clark County BRFSS, 2002

Yes, 17%

No, 82%
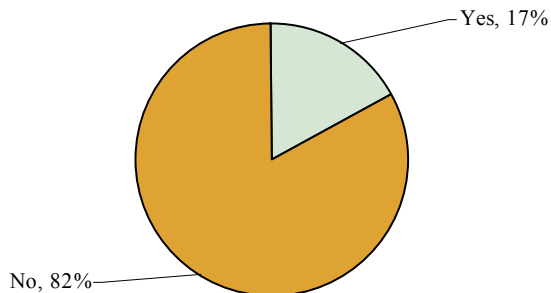
Smokeless Tobacco Use by Age
Clark County BRFSS, 2002

100%

24%

16%

0%

18-34   **Age (years)**   35-64
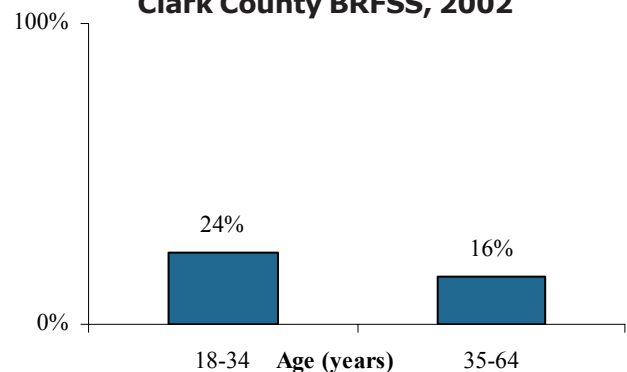
Smokeless Tobacco Use

	Used (CI)
All Adult	17% (14-20)
DEMOGRAPHICS	
Gender:	
Male	32% (26-38)
Female	-
Age:	
18-34	24% (18-32)
35-64	16% (12-20)
65+	-
Marital Status:	
Currently Married	17% (13-21)
Formerly Married	15% (9-22)
Never Married	21% (14-31)
Education:	
High school or less	15% (11-21)
Some post-high school	19% (14-26)
College graduate or more	17% (12-24)
Household Income:	
<$25,000	-
$25,000-49,999	18% (13-25)
$50,000+	19% (14-25)
OTHER FACTORS	
Health Insurance:	
Yes	15% (13-19)
No	-
Current Smoker:	
Yes	27% (19-37)
No	15% (12-18)

Used: Respondents have at one time used or tried a smokeless tobacco product such as chewing tobacco or snuff.

For reference, the 95% confidence interval (CI) is shown.
Dash (-) indicates sample size is less than 30.

CHRONIC DISEASE/CONDITIONS

Asthma

Asthma is a chronic condition that may severely limit one's activities. In the past 25 years, there has been a large increase in the number of people with asthma in the United States, now estimated near 15 million people. The health consequences of asthma can be managed with proper medical measures including controlling exposures that trigger asthma, managing asthma with medicine, monitoring the condition, and educating patients about asthma. The consequences of asthma are far-reaching and include limitation of physical activity, hospitalization, and possibly death. Individuals who have asthma must properly manage the condition to prevent further complications.[1]

Respondents were asked if they had ever been told they had asthma, and if so, whether they still have it.

➤ 17% of adults had been told they had asthma.
➤ Two-thirds (65%) of diagnosed asthmatics reported they still have asthma.
➤ There were generally no differences in demographic characteristics among those who had ever been told they had asthma.
➤ Overall, the current adult prevalence of asthma in Clark County is 11% (those who have been diagnosed and who still have it).

Healthy People 2010

Goal: Promote respiratory health through better prevention, detection, treatment, and education.[1]

Persons Ever Diagnosed with Asthma
Clark County BRFSS

Legend: ☐ Yes ☐ No

- 1999: Yes 13%, No 87%
- 2002: Yes 17%, No 83%
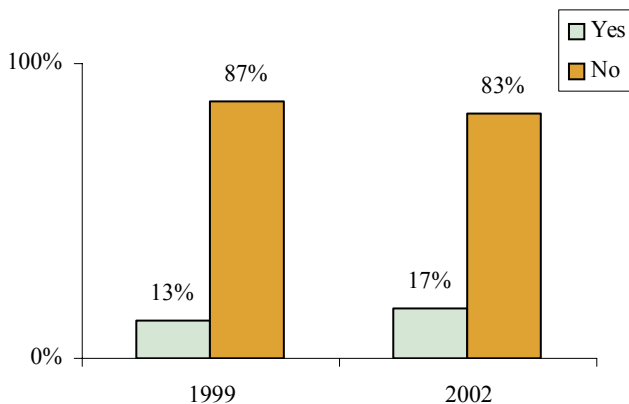
Previous Asthmatics Who Still Have Asthma
Clark County BRFSS

Legend: ☐ Yes ☐ No

- 1999: Yes 68%, No 32%
- 2002: Yes 65%, No 35%

Asthma

	No Asthma (CI)	Yes Asthma (CI)
All Adults	83% (79-86)	17% (14-21)
DEMOGRAPHICS		
Gender:		
Male	84% (78-89)	16% (11-22)
Female	82% (77-87)	18% (13-23)
Age:		
18-34	79% (70-86)	21% (14-30)
35-64	85% (80-89)	15% (11-20)
65+	83% (76-89)	17% (11-25)
Marital Status:		
Currently Married	85% (79-89)	15% (11-21)
Formerly Married	84% (77-89)	16% (11-23)
Never Married	77% (65-86)	23% (15-36)
Education:		
High school or less	82% (74-88)	18% (13-26)
Some post-high school	81% (75-86)	19% (14-25)
College graduate or more	87% (81-92)	13% (8-19)
Household Income:		
<$25,000	80% (71-87)	20% (14-29)
$25,000-49,999	83% (74-89)	17% (11-26)
$50,000+	86% (80-90)	14% (10-20)
OTHER FACTORS		
Health Status:		
Excellent, Very Good, Good	84% (79-87)	17% (13-21)
Fair, Poor	80% (70-87)	20% (13-30)
Health Insurance:		
Yes	83% (79-86)	17% (14-22)
No	86% (75-93)	-
Current Smoker:		
Yes	81% (70-89)	19% (12-30)
No	84% (79-87)	17% (13-21)

No Asthma: A doctor has never told the respondent he/she has asthma.
Yes Asthma: A doctor at some time told the respondent he/she has asthma.

For reference, the 95% confidence interval (CI) is shown.
Dash (-) indicates sample size is less than 30.

Diabetes

In Washington State, an estimated 217,000 people have been diagnosed with diabetes and another 100,000 have diabetes but are unaware of it. The overall prevalence of diabetes in the general population is more than 5%.[14]

Diabetes is the seventh leading cause of death in the United States. Diabetes is a major risk factor for cardiovascular disease. It is also the leading cause of non-traumatic amputations, blindness among working-age adults, and end stage renal disease. Nationwide, diabetes contributes to over 100,000 additional deaths each year as well as increases the burden of suffering from acute and chronic complications, hospitalizations, and lost productivity.[1]

Healthy People 2010

Goal: Through prevention programs, reduce the disease and economic burden of diabetes, and improve the quality of life for all persons who have or are at risk for diabetes.[1]

Screening for diabetes is an important part of routine physical examinations. Early detection can lead to the timely establishment of diabetes-related medical care, the appropriate management of this disease, and the reduced incidence of associated complications. Maintaining a healthy weight, exercising regularly, eating a healthy diet, and having yearly eye exams are important in controlling diabetes and reducing the risk of complications.

➤ 95% of adults have <u>not</u> been told by a doctor that they have diabetes or were told they had diabetes, but only during pregnancy (gestational diabetes).
➤ Younger adults (18-34 and 35-64 years old) were more likely to have <u>not</u> been told they had diabetes.
➤ Adults who were college graduates or more or had a household income of $50,000 or more were more likely to have <u>not</u> been told they had diabetes.

**Have NOT been told they had
Diabetes by Weight Status
Clark County BRFSS, 2002**
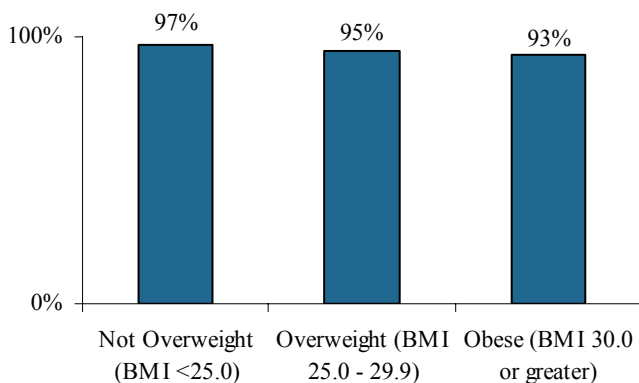
**Have NOT been told they had
Diabetes by Age
Clark County BRFSS, 2002**
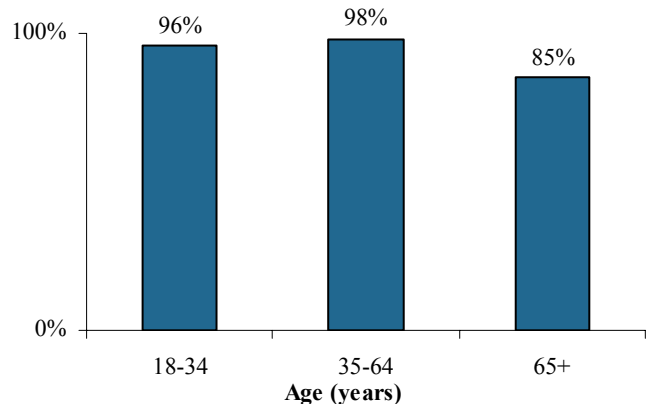
Diabetes

No Diabetes (CI)

All Adults   95% (93-97)

DEMOGRAPHICS
Gender:
Male   94% (90-97)
Female   96% (94-98)

Age:
18-34   96% (88-99)
35-64   98% (96-99)
65+   85% (75-90)

Marital Status:
Currently Married   97% (95-98)
Formerly Married   93% (87-96)
Never Married   93% (78-98)

Education:
High school or less   94% (88-97)
Some post-high school   95% (91-97)
College graduate or more   99% (97-99)

Household Income:
<$25,000   91% (84-96)
$25,000-49,999   92% (85-96)
$50,000+   99% (98-99)

OTHER FACTORS
Health Insurance:
Yes   96% (94-97)
No   92% (70-98)

Weight Status:
Not overweight (BMI<25.0)   97% (90-99)
Overweight (BMI between 25.0 and 29.9)   95% (91-97)
Obese (BMI 30.0 or greater)   93% (88-96)

No Diabetes: Never been told by a doctor that they have diabetes or they were told yes, but only during pregnancy (gestational diabetes).

For reference, the 95% confidence interval (CI) is shown.

NOTE: Weight status is determined by Body Mass Index, a mathematical calculation based on weight-to-height ratios.

WOMEN'S HEALTH

Breast Cancer Screening

Preventive screenings and clinical services such as clinical breast exams and mammograms are crucial primary prevention methods against breast cancer. Breast cancer is the most common type of cancer among women in the United States. It is second only to lung cancer as a cause of cancer related death. Mammography is the best way to detect breast cancer at its earliest and most treatable stage.[1] Detection of early stage tumors by mammography can occur an average of 1.7 years before a woman can feel the lump.

Female respondents were asked if they had ever had a clinical breast examination or mammogram. A clinical breast examination is a health professional's physical examination of the breasts. A mammogram is an x-ray of the breasts to look for breast cancer. The recommendation is that women should begin mammography at age 40. A combination of recommended clinical breast examinations and mammography can reduce breast cancer mortality.

Time Since Last Mammogram
Clark County BRFSS, 2002

- 25% 3 or More Years
- 57% Less than 1 year
- 18% 1 - 2 Years
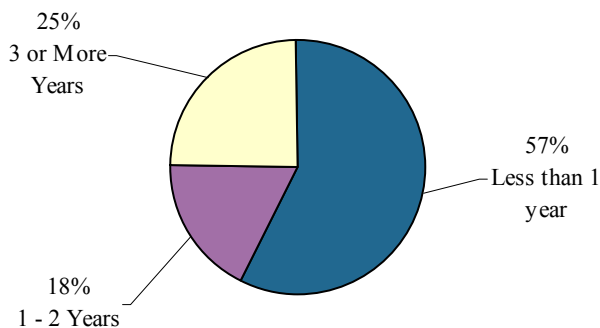
➤ 91% of women had received at least one clinical breast exam in their lifetime, and 70% were within the last year.
➤ 63% of women had received a mammogram in their lifetime, and 57% were within the past year.
➤ 88% of women had their most recent mammogram done as part of a routine checkup.
➤ Among women over 40, 73% had a mammogram in the past two years, which is the recommended frequency.
➤ Among women over 40, those who were older (aged 65 years or older) or currently married were more likely to have had a mammogram in the past two years.
➤ 92% of women 40 years or older who had a mammogram in the past two years also had a clinical breast exam in the past two years.

Time Since Last Breast Exam
Clark County BRFSS, 2002

- 15% 3 or More Years
- 70% Less than 1 year
- 15% 1 - 2 Years
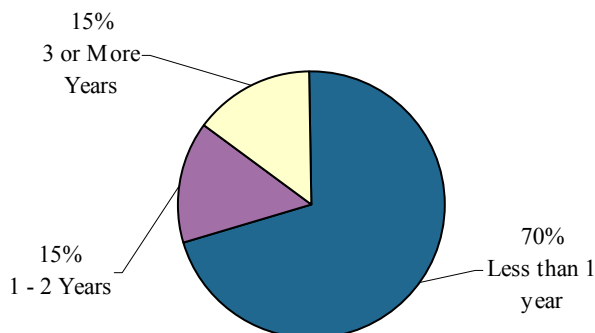
Women Who Have Ever Had a Mammogram or Clinical Breast Exam
Clark County BRFSS

Mammogram: 59% (1999), 63% (2002)
Clinical Breast Exam: 92% (1999), 91% (2002)

Legend: 1999, 2002
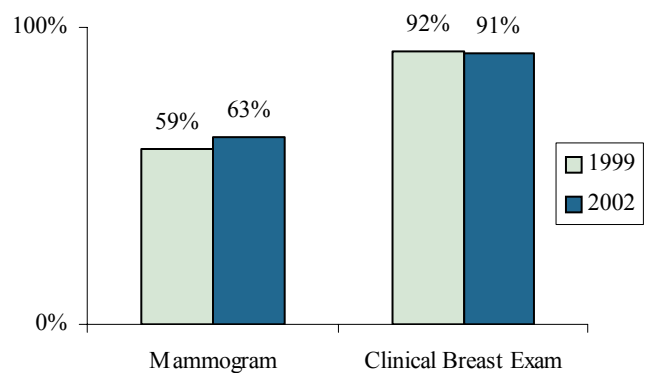
Breast Cancer Screening

	Recent Mammogram (CI)
All Females (aged 40 or older)	73% (67-79)
DEMOGRAPHICS	
Age:	
40-64	70% (61-77)
65+	85% (72-92)
Marital Status:	
Currently Married	76% (66-84)
Formerly Married	70% (60-79)
Never Married	-
Education:	
High school or less	77% (67-85)
Some post-high school	67% (55-77)
College graduate or more	76% (57-88)
Household Income:	
<$25,000	65% (51-78)
$25,000-49,999	76% (64-85)
$50,000 +	72% (59-83)
OTHER FACTORS	
Health Status:	
Excellent, Very Good, Good	74% (66-81)
Fair, Poor	69% (51-82)
Health Insurance:	
Yes	74% (66-80)
No	-

Healthy People 2010

Goal: Reduce the number of new cancer cases as well as the illness, disability, and death caused by cancer.
- Objective 3-13: Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding two years. **Target** 70%.[1] *MET in our county.*

Recent Mammogram: Women aged 40 years and older who had a mammogram within the last two years.

For reference, the 95% confidence interval (CI) is shown.
Dash (-) indicates sample size is less than 30.

Cervical Cancer Screening

Cervical cancer is one of the most common forms of cancer among women in the United States. Screening and early detection can greatly reduce the number of fatal cases of cervical cancer. The Pap test identifies pre-cancerous changes in cervical tissue. If detected in early stages, survival after treatment for cervical cancer is extremely likely.[1]

Women were asked if they had ever had a Pap smear, a test for cancer of the cervix. If so, they were then asked how long ago the test was and if it was done as a routine checkup or because of an identified problem.

➤ 96% of women had a Pap smear, but only 65% within the last year.
➤ 93% of Pap smears were done as part of a routine checkup.
➤ 87% of females aged 18 years and older had a Pap smear in the last three years.
➤ Women who were never married (66%) were less likely to have had a Pap test in the past three years.
➤ The likelihood of having a Pap test in the past three years was greater among women with household income of $50,000 or more.
➤ Women in better health status were more likely to have had a Pap test in the past three years.

**Time Since Last Pap Smear
Clark County BRFSS, 2002**

22% 3 or More Years

13% 1 - 2 Years

65% Less than 1 year
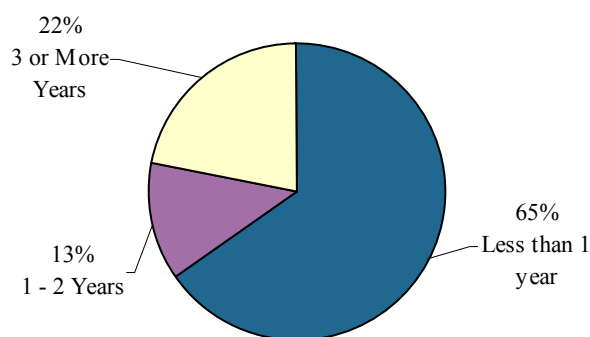
Cervical Cancer Screening

	Recent Pap Test (CI)
All Females	87% (80-92)
DEMOGRAPHICS	
Age:	
18-34	82% (65-92)
35-64	92% (87-95)
65+	76% (56-89)
Marital Status:	
Currently Married	93% (88-96)
Formerly Married	85% (73-92)
Never Married	66% (40-85)
Education:	
High school or less	82% (67-91)
Some post-high school	85% (76-91)
College graduate or more	96% 91-98)
Household Income:	
<$25,000	76% (61-87)
$25,000-49,999	87% (79-92)
$50,000+	96% (92-98)
OTHER FACTORS	
Health Status:	
Excellent, Very Good, Good	89% (81-93)
Fair, Poor	71% (50-85)
Health Insurance:	
Yes	88% (80-93)
No	78% (61-89)
Current Smoker:	
Yes	82% (66-92)
No	88% (80-93)

Recent Pap Test: Females aged 18 years and older (with intact cervix) who received a Pap test in the last three years.

For reference, the 95% confidence interval (CI) is shown.

OTHER CANCER SCREENING

Prostate Cancer Screening

Among males in the United States, prostate cancer is the second leading cause of cancer death. Men over 65 years of age are at greatest risk of developing prostate cancer, representing about 80% of all cases.[1] Prostate-specific antigen (PSA) test and digital rectal examination (DRE) are two methods for detecting prostate cancer, although the benefits of these screening methods are not clearly understood.[1]

Men, aged 40 and older, were told that a prostate-specific antigen (PSA) test is a blood test used to check men for prostate cancer and asked if they had ever had a PSA test. Men were also asked if they had ever had a digital rectal exam, a physical exam performed by a doctor to feel the size, shape and hardness of the prostate gland.

Healthy People 2010

Goal: Reduce the number of new cancer cases as well as the illness, disability, and death caused by cancer.[1]

➤ 64% of men aged 40 and older had received a prostate-specific antigen test, and 65% of these were within the past year.
➤ Men aged 65 and older were more likely to have had a PSA test (90%) than men aged 40-64 years (57%).
➤ Overall, 55% of men aged 40 and older had a PSA test within the past two years.
➤ 79% of men aged 40 and older had had a digital rectal exam, but only 50% of these were within the past year.

Prostate Cancer Screening
Clark County BRFSS, 2002
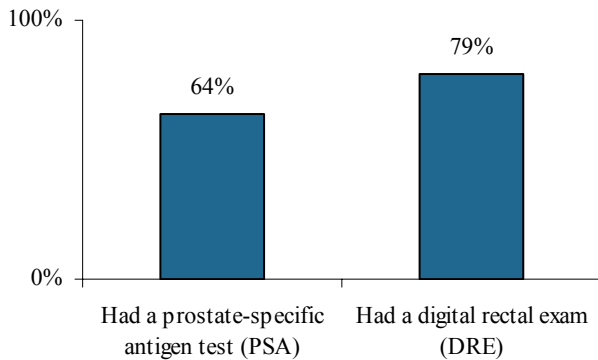
Prostate Cancer Screening by Age
Clark County BRFSS, 2002
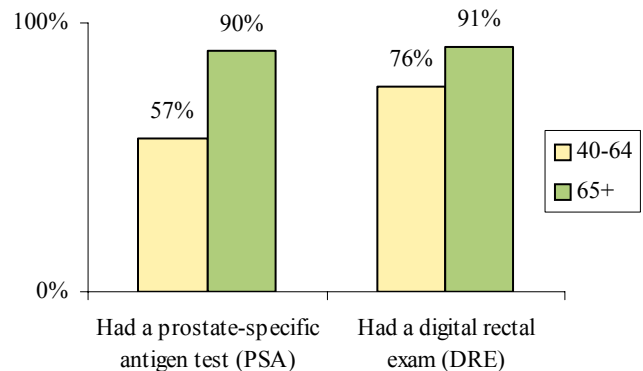
Prostate Cancer Screening

	PSA Test (CI)	DRE (CI)
All Males (aged 40 or older)	64% (55-71)	79% (71-85)
DEMOGRAPHICS		
Age:		
40-64	57% (47-66)	76% 67-84)
65+	90% (78-96)	91% (77-97)
Marital Status:		
Currently Married	67% (57-76)	80% (70-87)
Formerly Married	60% (41-76)	81% (65-91)
Never Married	-	-
Education:		
High school or less	66% (52-79)	80% (67-89)
Some post-high school	56% (40-70)	74% (59-85)
College graduate or more	68% (54-80)	83% (69-92)
Household Income:		
<$25,000	-	83% (58-95)
$25,000-49,999	66% (48-80)	81% (66-91)
$50,000+	62% (50-73)	77% (64-86)
OTHER FACTORS		
Health Status:		
Excellent/Very Good/Good	62% (53-71)	79% (70-86)
Fair/Poor	-	-
Health Insurance:		
Yes	65% (56-73)	80% (72-86)
No	-	-

PSA Test: Men aged 40 or older who have had a prostate-specific antigen test.
DRE: Men aged 40 or older who have had a digital rectal exam.

For reference, the 95% confidence interval (CI) is shown.
Dash (-) indicates sample size is less than 30.

Colorectal Cancer Screening

Colorectal cancer is one of the leading causes of cancer deaths, second in both Washington State and the United States.[1, 13] Among cancers, colorectal cancer is the fourth most common type in Washington.[13] Early detection through screenings and removal of precancerous polyps can reduce the number of fatal cases of colorectal cancer.[1] Fecal occult blood test (blood stool test) and sigmoidoscopy are tests used to screen for colorectal cancer.[1] In 1999, there were 2,911 cases of colorectal cancer in Washington State and 994 deaths.[14]

Beginning at age 50, regular screenings for pre-cancerous growths can prevent colorectal cancer. Screenings help detect colorectal cancer in its earliest and most treatable stages.[14]

Respondents, aged 50 and older, were asked if they had ever had a blood stool test, a special kit used at home to determine if stool contains blood. If they had, they were then asked how long it had been since the test was done. Respondents were also asked whether they had ever had a sigmoidoscopy or a colonoscopy (exams where a tube is inserted in the rectum to view the bowels for signs of cancer or other health problems) and if so, how long ago.

➤ 61% of adults aged 50 and older had had a blood stool test and 38% of these tests had been within the past year.
➤ Of adults aged 50 and older, females were more likely to have done a blood stool test.
➤ Overall, 34% of adults aged 50 and older had done a blood stool test in the past two years.
➤ 57% of adults aged 50 and older had had a sigmoidoscopy or colonoscopy.
➤ Adults aged 65 and older were more likely to have had a sigmoidoscopy or colonoscopy (69%).
➤ Adults aged 50 and older with fair or poor health status were more likely (71% compared to 54%) to have had a sigmoidoscopy or colonoscopy.

Healthy People 2010

Goal: Reduce the number of new cancer cases as well as the illness, disability, and death caused by cancer.
- Objective 3-12a: Adults aged 50 years and older who have received a fecal occult blood test (FOBT) within the preceding two years. **Target** 50%.[1]
  NOT MET in our county.
- Objective 3-12b: Adults aged 50 years and older who have ever received a sigmoidoscopy. **Target** 50%.[1]
  MET in our county.

Colorectal Cancer Screening by Age Clark County BRFSS, 2002
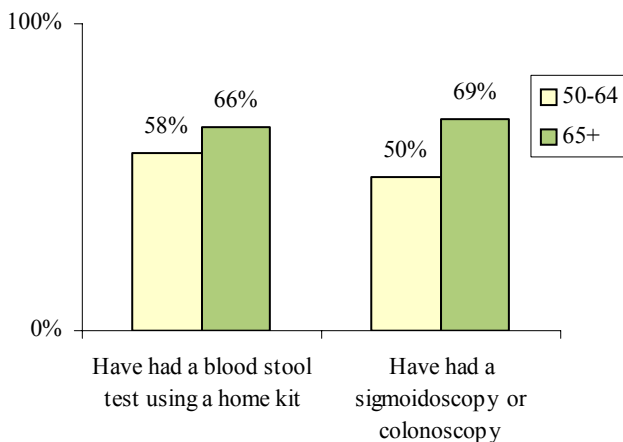
Sigmoidoscopy or Colonoscopy Testing by Gender Clark County BRFSS
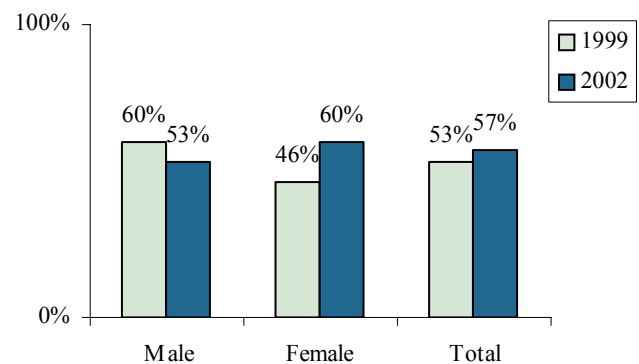
Colorectal Cancer Screening

	Blood Stool Test (CI)	Internal Exam (CI)
All Adults (aged 50 and older)	61% (54-67)	57% (51-63)
DEMOGRAPHICS		
Gender:		
Male	53% (44-63)	53% (44-63)
Female	68% (60-75)	60% (52-68)
Age:		
50-64	58% (49-66)	50% (41-58)
65+	66% (57-75)	69% (59-77)
Marital Status:		
Currently Married	62% (54-70)	58% (50-65)
Formerly Married	58% (47-69)	55% (44-65)
Never Married	-	-
Education:		
High school or less	61% (50-71)	58% (48-68)
Some post-high school	56% (45-67)	55% (44-65)
College graduate or more	66% (54-76)	57% (46-68)
Household Income:		
<$25,000	59% (45-72)	58% (44-70)
$25,000-49,999	72% (59-82)	62% (50-73)
$50,000+	57% (46-67)	53% (42-63)
OTHER FACTORS		
Health Status:		
Excellent/Very Good/Good	59% (52-66)	54% (47-61)
Fair/Poor	68% (54-67)	71% (58-82)
Health Insurance:		
Yes	62% (55-68)	59% (52-65)
No	-	-

Blood Stool Test: Adults aged 50 or older that have ever had a blood stool test using a home kit.
Internal Exam: Adults aged 50 or older that have ever had a sigmoidoscopy or colonoscopy.

For reference, the 95% confidence interval (CI) is shown.
Dash (-) indicates sample size is less than 30.

ENVIRONMENT

ENVIRONMENTAL HEALTH

As one of ten leading health indicators for the nation outlined in Healthy People 2010, Environmental Quality greatly affects health at individual and community levels. Environmental health is concerned with identifying and preventing adverse health effects associated with both physical (air, water, and soil) and social (housing, transportation, agriculture, industry) factors.[1]

In the United States, efforts to provide clean air, clean water, safe food, effective waste management, and control of vector-borne illnesses have contributed to a declining threat of infectious diseases and an improvement in public health.[1] Worldwide, poor environmental quality contributes to approximately 25 percent of preventable illnesses such as diarrheal diseases and respiratory infections.[1]

Respondents were asked a variety of questions about indoor and outdoor air, sources of heat and water, solid and liquid waste disposal, and recycling.

<div style="float:left; background:#b9cdd9; padding:1em;">

Healthy People 2010
Environmental Quality is one of ten Leading Health Indicators identified in Healthy People 2010.

Goal: Promote health for all through a healthy environment.[1]

</div>

➤ 22% of adults said they experienced discomfort due to pollutants in the outside air, 34% of these adults experienced this discomfort during spring.
➤ 20% of adults experienced discomfort due to indoor air, 42% of these adults experienced this discomfort in a workplace/office setting.
➤ 63% of Clark County's adults used electricity as their primary source of heat for their home and 26% used natural gas.
➤ 78% of adults had home drinking water from a public city or district water system.
➤ For those adults on private well water, 95% had their well water tested; 63% had it tested within the last three years.
➤ 66% of adults were on a municipal sewer system.
➤ 94% of adults with septic systems had systems that were three years old or older.
➤ Nearly 100% of adults had a solid waste disposal service, such as garbage or trash pickup, in their community.
➤ 94% of adults used a solid waste disposal service, such as garbage or trash pickup.

**Percent of Adults That Have Experienced
Discomfort Due to Pollutants in the Air
Clark County BRFSS**

Legend: □ 1999 ■ 2002

Indoor: 15% (1999), 20% (2002)
Outdoor: 13% (1999), 22% (2002)
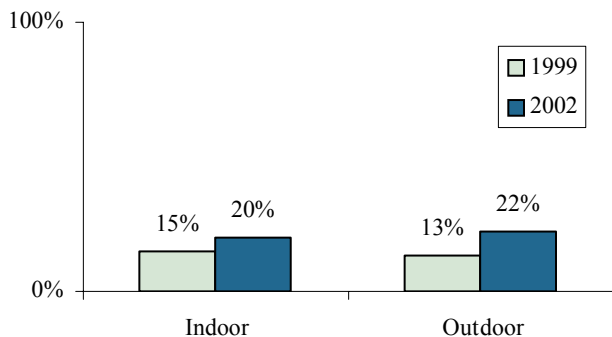
**Source of Drinking Water
Clark County BRFSS**

Legend: □ 1999 ■ 2002

Public city or district water system: 75% (1999), 78% (2002)
Community system: 2% (1999), 5% (2002)
Private well: 16% (1999), 16% (2002)
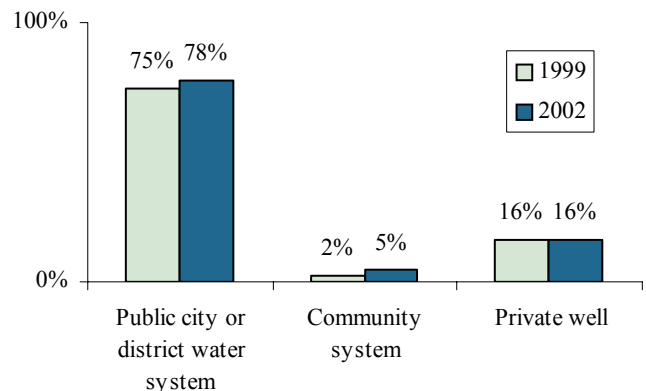
Source of Drinking Water

	City/ District (CI)
All Adults	78% (74-82)

DEMOGRAPHICS
Gender:

Male	79% (72-84)
Female	78% (72-82)

Age:

18-34	78% (70-85)
35-64	77% (71-82)
65+	84% (75-90)

Marital Status:

Currently Married	79% (73-83)
Formerly Married	83% (75-89)
Never Married	72% (60-82)

Education:

High school or less	76% (68-82)
Some post-high school	82% (75-87)
College graduate or more	78% (70-82)

Household Income:

<$25,000	78% (68-86)
$25,000-49,999	80% (72-85)
$50,000+	74% (67-80)

OTHER FACTORS
Health Status:

Excellent/Very Good/Good	78% (73-81)
Fair/Poor	83% (72-90)

Health Insurance:

Yes	78% (74-82)
No	78% (64-88)

City/District: Main source of home drinking water is a city or district public water system.

For reference, the 95% confidence interval (CI) is shown.

INFECTIOUS DISEASES

HIV/AIDS

Since first being identified in the early 1980s, cases of acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV), the agent that causes AIDS, have been reported across most racial/ethnic, age, and socioeconomic categories in all states and most of the large cities in the United States.[1]

Hundreds of thousands of people have died of HIV disease or AIDS in the United States alone, making HIV/AIDS an important cause of illness, disability and death.[1] Health care costs associated with HIV are $155,000 or more per person over their lifetime.[1] Prevention efforts often include HIV counseling and testing, partner counseling, referrals for individuals at high risk, needle exchange programs, and education and treatment for injection drug users.[1]

There are four main populations affected most by the HIV/AIDS epidemic: (1) men who have sex with men, (2) injection drug users, (3) people having heterosexual contact with infected or high-risk individuals, and (4) infants of infected women.[1]

The survey asked respondents aged 18-64 how important they felt it is for people to know their HIV status by getting tested, asked if they had ever been tested, and if so, asked the main reason they had been tested. Finally, this section concluded with asking respondents if they had received their test results and received counseling or talked with a health care professional about the results of their tests.

Healthy People 2010
HIV is one of ten Leading Health Indicators identified in Healthy People 2010.

Goal: Prevent HIV infection and its related illness and death.[1]

➤ 88% of adults (<65 years old) felt that it was very important to know their HIV status.
➤ 43% of adults (<65 years old) had been tested for HIV.
➤ 57% of adults (<65 years old) had never been tested HIV.
➤ There were generally no differences in demographic characteristics among those who had been tested for HIV.
➤ 91% of adults (<65 years old) that had been tested for HIV had received their results.
➤ 26% of the adults (<65 years old) said their main reason for being tested was to find out whether they had HIV.

Adults Who Feel It Is Important to Test for HIV by Gender
Clark County BRFSS, 2002
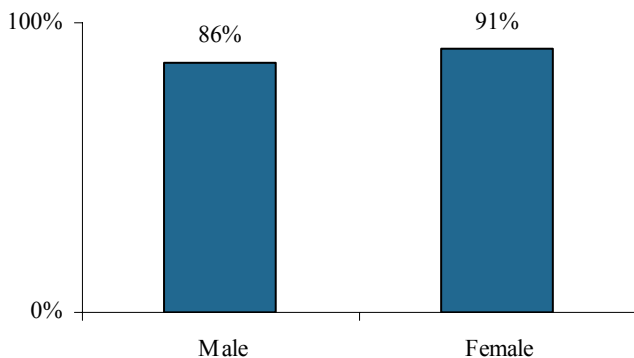
Male: 86%
Female: 91%

Adults Tested for HIV by Gender
Clark County BRFSS, 2002

Male: 40%
Female: 47%
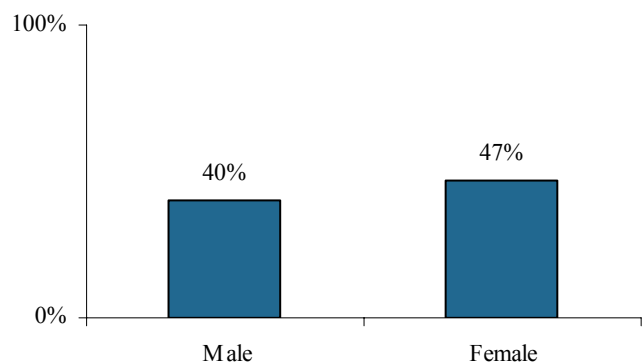
HIV/AIDS

	Importance (CI)	Tested (CI)
All Adults (<65 years old)	88% (85-91)	43% (38-48)
DEMOGRAPHICS		
Gender:		
Male	86% (81-90)	40% (33-47)
Female	91% (87-93)	47% (40-54)
Age:		
18-34	92% (87-95)	49% (40-59)
35-64	86% (82-89)	40% (34-46)
Marital Status:		
Currently Married	85% (81-89)	41% (35-47)
Formerly Married	93% (87-96)	52% (41-63)
Never Married	94% (89-97)	43% (31-56)
Education:		
High school or less	93% (89-96)	38% (30-47)
Some post-high school	86% (80-90)	50% (43-58)
College graduate or more	84% (77-89)	43% (35-52)
Household Income:		
<$25,000	94% (87-97)	57% (44-69)
$25,000-49,999	89% (84-93)	39% (31-49)
$50,000+	86% (81-90)	42% (36-50)
OTHER FACTORS		
Health Insurance:		
Yes	88% (84-90)	44% (39-50)
No	93% (85-97)	36% (24-50)

Importance: Respondents who feel it is very important for people to know their HIV status by getting tested.
Tested: Respondents who have been tested for HIV.

For reference, the 95% confidence interval (CI) is shown.

IMMUNIZATIONS

One of the most significant public health achievements is the prevention of illness, disability, and death through immunizations. For communities, vaccines help control the spread of infections.[1, 14]

The Advisory Committee on Immunization Practices recommends that adults 65 years of age or older have a yearly immunization against influenza and a one-time immunization against pneumococcal disease.[15]

People over age 64 are at highest risk of serious illness or death from these diseases.[1] Most of the more than 30,000 deaths in the United States each year from influenza and pneumococcal disease are among older adults.[1] Other high-risk groups and the general public are often advised to get a flu shot each year to reduce their chance of getting influenza or developing a severe case.

➤ 72% of adults 65 years of age and older had a flu shot in the last 12 months, which is lower than the 78% reported in 1999.
➤ 31% of adults overall had received a flu shot in the past 12 months.
➤ More women (36%) than men (25%) received a flu shot.
➤ 71% of adults 65 years of age and older had received a pneumococcal vaccination.
➤ 21% of adults overall had received a pneumococcal vaccination.
➤ More people reporting fair or poor health status had received a pneumococcal vaccine (47%) compared to those reporting better health status (18%).
➤ 86% of adults 65 years of age and older who had a flu shot in the past year also had a pneumococcal vaccination at some time in the past.

**Influenza and Pneumococcal Vaccinations
Adults Aged 65 and Older
Clark County BRFSS**
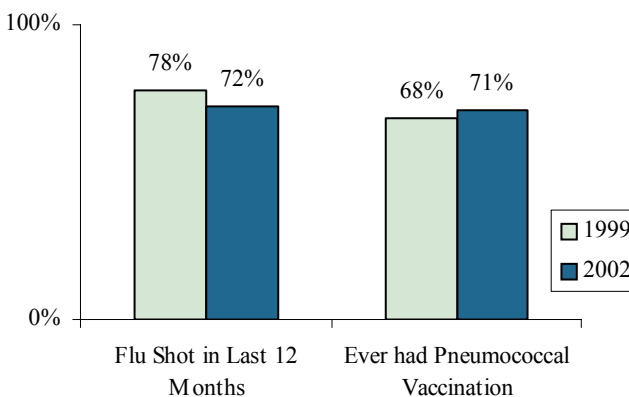
Influenza and Pneumococcal Vaccinations

	Flu Shot (CI)	Senior Flu Shot (CI)	Pneumococcal Shot (CI)	Senior Pneumococcal Shot (CI)
All Adults	31% (26-35)	72% (63-80)	21% (18-25)	71% (62-79)
DEMOGRAPHICS				
Gender:				
Male	25% (19-31)	71% (57-83)	22% (17-28)	68% (54-80)
Female	36% (30-43)	73% (60-83)	21% (16-26)	73% (60-83)
Age:				
18-34	21% (13-32)	n/a	-	n/a
35-64	26% (21-32)	n/a	13% (9-18)	n/a
65+	72% (63-80)	72% (63-80)	71% (62-79)	71% (62-79)
Marital Status:				
Currently Married	31% (26-37)	73% (61-83)	18% (14-23)	70% (57-80)
Formerly Married	39% (30-48)	71% (55-82)	32% (24-41)	75% (59-86)
Never Married	-	-	-	-
Education:				
High school or less	33% (26-42)	67% (53-78)	23% (17-30)	72% (59-83)
Some post-high school	27% (21-33)	76% (56-88)	24% (19-31)	72% (53-86)
College graduate or more	30% (23-38)	-	16% (11-22)	-
Household Income:				
<$25,000	36% (26-47)	71% (52-84)	30% (22-40)	73% (54-86)
$25,000-49,999	30% (23-39)	68% (52-80)	20% (15-27)	71% (56-83)
$50,000 +	25% (20-32)	-	16% (11-22)	-
OTHER FACTORS				
Health Status:				
Excellent/Very good/Good	30% (25-35)	72% (61-81)	18% (15-22)	67% (56-76)
Fair/Poor	38% (28-48)	74% (52-88)	47% (36-59)	83% (57-95)
Health Insurance:				
Yes	33% (29-38)	72% (63-80)	23% (19-27)	71% (62-79)
No	-	-	-	-

Flu Shot: Percent of all adults who have had a flu shot in the past 12 months.
Senior Flu Shot: Percent of adults aged 65 and older who have had a flu shot in the past 12 months.
Pneumococcal Shot: Percent of all adults who have ever had a pneumococcal shot.
Senior Pneumococcal Shot: Percent of adults aged 65 and older who have ever had a pneumococcal shot.

For reference, the 95% confidence interval (CI) is shown.
Dash (-) indicates sample size is less than 30.
n/a = data not applicable

INJURY

SEATBELTS

Among persons aged one to 34 years, most deaths result from unintentional injuries with more than half of those deaths from motor vehicle crashes alone.[1]

Safety belt use in the United States has reached the highest level in the nation's history at 79 percent.[16] Most recently, Washington State's rate of seatbelt use rose from 92.6% in 2002 to 94.8% in 2003.[17] From 2001 to 2002, the rate increased from 82.6% to 92.6%. The Washington State Patrol began the "Click-It or Ticket" enforcement campaign in May 2002 which has greatly increased seatbelt use.[18]

The goal of a seatbelt program is to save lives and prevent serious injuries by increasing the use of seatbelts. In Washington State an average of 500 vehicle occupants are killed each year. Of these people, 60% were not wearing seatbelts. In contrast, nearly 85% of those who went unharmed from the same crashes were wearing seatbelts. Wearing a seatbelt increases a person's chance of surviving a collision by up to 70%.[19]

The BRFSS survey asked respondents how often they use seatbelts when driving or riding in a car.

➤ 96% of adults always or nearly always wear a seatbelt.
➤ Females were more likely (98%) to always or nearly always wear seatbelts than males (94%).
➤ Currently married (97%) and formerly married (97%) adults were more likely to wear a seatbelt than adults that had never been married (91%).
➤ Other demographic characteristics were similar between adults that always or nearly always used their seatbelts.

NOTE: Washington State data cited above come from direct observation studies of drivers and front-seat passengers rather than self-report data from BRFSS.

Seatbelt Use by Gender
Clark County BRFSS, 2002
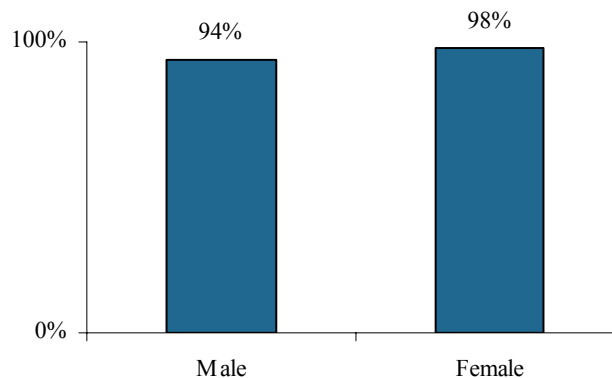
Seatbelt Use

Use Seatbelts (CI)

All Adults   96% (94-97)

DEMOGRAPHICS
Gender:
Male   94% (90-96)
Female   98% (96-99)

Age:
18-34   95% (90-97)
35-64   96% (94-98)
65+   98% (93-99)

Marital Status:
Currently Married   97% (95-98)
Formerly Married   97% (94-99)
Never Married   91% (82-95)

Education:
High school or less   94% (90-97)
Some post-high school   97% (94-99)
College graduate or more   98% (94-99)

Household Income:
<$25,000   95% (89-98)
$25,000-49,999   95% (91-98)
$50,000+   96% (93-98)

OTHER FACTORS
Health Status:
Excellent/Very Good/Good   96% (94-97)
Fair/Poor   99% (96-99)

Health Insurance:
Yes   97% (95-98)
No   91% (79-96)

Use Seatbelts: Always or nearly always use seatbelts when driving or riding in a car.

For reference, the 95% confidence interval (CI) is shown.

FIREARMS

Injuries account for more deaths than cancer among people aged one to 44 years. Injuries are categorized as either intentional or unintentional. Injury prevention and control address both aspects as most injuries are considered predictable and preventable.[1]

Firearm injury and death is an issue of public health. Firearms are involved in a majority of homicides and suicides which are significant causes of death.

Respondents were asked if any firearms were kept in and around their home (including garage, outdoor storage area, car, truck, or other motor vehicle). If so, they were then asked if the firearms were loaded and also if they were unlocked. It is important to consider the distribution of firearms within <u>households</u> in the county.

➤ Overall, 38% of households in Clark County had firearms present.
➤ Of those with firearms present, 21% of households had loaded firearms.
➤ Of households with loaded firearms, 73% of households also had unlocked firearms.
➤ Overall, 11% of households in Clark County contained loaded firearms.
➤ Overall, 6% of households contained loaded and unlocked firearms.
➤ Among adults in the county, 6% of adults lived in a house with a loaded and unlocked firearm.
➤ Males were more likely (48%) to live in a house with firearms present than were females (32%).
➤ Adults who were 35-64 years old, currently married, or had a household income of $50,000 or more were more likely to live in a house with firearms present.

Healthy People 2010
Injury and Violence is one of ten leading Health Indicators identified in Healthy People 2010.

Goal: Reduce injuries, disabilities, and deaths due to unintentional injuries and violence.
• Objective 15-4: Reduce the proportion of persons living in homes with firearms that are loaded and unlocked.
Target 16%.[1]
MET in our county.

**Household Firearms
Clark County BRFSS, 2002**
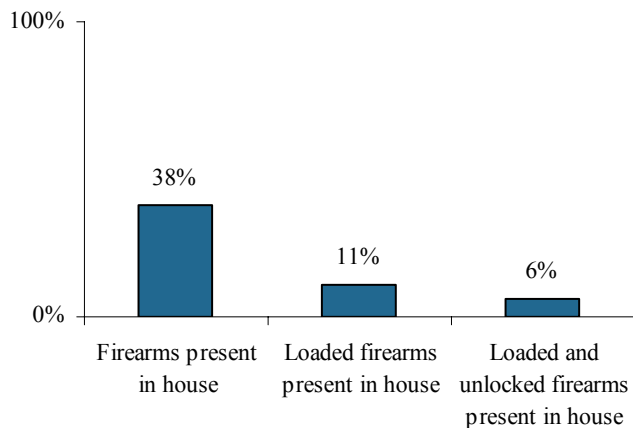
**Reside in Household with Firearms
by Gender
Clark County BRFSS, 2002**
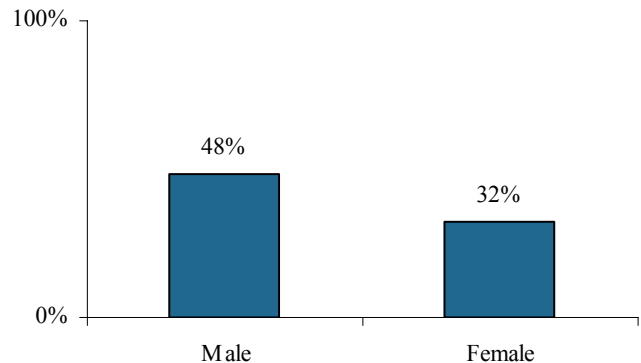
Firearms

	Firearms Present (CI)
All Adults	38% (34-42)
DEMOGRAPHICS	
Gender:	
Male	48% (42-55)
Female	32% (27-37)
Age:	
18-34	28% (22-35)
35-64	45% (39-51)
65+	36% (28-45)
Marital Status:	
Currently Married	48% (43-54)
Formerly Married	27% (20-35)
Never Married	24% (16-33)
Education:	
High school or less	36% (30-43)
Some post-high school	37% (31-43)
College graduate or more	43% (35-50)
Household Income:	
<$25,000	25% (18-33)
$25,000-49,999	35% (29-43)
$50,000+	53% (46-59)
OTHER FACTORS	
Health Insurance:	
Yes	39% (34-43)
No	34% (23-46)

Firearms Present: Firearms are present in the home.

For reference, the 95% confidence interval (CI) is shown.

OTHER INJURIES

Family Violence

Violence is prevalent in the United States and impacts quality of life for many individuals. Violence threatens the health and well-being of persons of all ages across the country.[1] Family violence includes both physical and sexual assault. Women, children, and elderly persons are targets of family violence, most often perpetrated by someone they know.[1] Intimate partner violence and sexual assault threaten people from all walks of life. [1]

Respondents were asked several questions related to abuse they may have experienced or witnessed as a child under 18 years of age. Questions gauged whether they had experienced physical child abuse (eg. punched, kicked, choked) by a parent or guardian, sexual child abuse (eg. touching in a sexual place) by anyone, or had witnessed inter-parental violence (eg. one parent physically hurting the other). Respondents were also asked if they had been forced into a sex act against their will since they were 18 years old. Respondents were asked if an intimate partner such as a current or former husband, wife, boyfriend, girlfriend, or dating partner had ever physically hurt them or tried to limit their activities or made them feel unsafe (emotional abuse) in the past twelve months.

<div style="background:#b0c4d8;padding:10px">

Healthy People 2010

Goal: Reduce injuries, disabilities, and deaths due to unintentional injuries and violence. [1]

</div>

➤ As a child, 10% of adults had been physically abused by a parent or guardian.
➤ As a child, 12% of adults had been sexually abused.
➤ As a child, 15% of adults had witnessed inter-parental violence.
➤ Since they were 18, 4% of adults had experienced sexual violence.
➤ In the past 12 months, 98% of adults had <u>not</u> experienced physical violence from an intimate partner.
➤ In the past 12 months, 97% of adults had <u>not</u> experienced emotional abuse from an intimate partner.

Family Violence Experienced As a Child
Clark County BRFSS, 2002
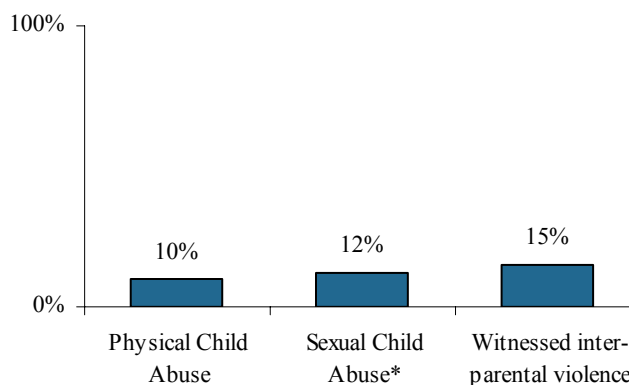
*It is possible that some adults reporting sexual abuse when under 18 may be referring to abuse from peers instead of older individuals.

Suicidal Thoughts

Mental health is important to overall health. Elements dependent on mental health include personal well-being, having relationships, and contributing to the community or society.[1]

Healthy People 2010 states that "Suicide - a major public health problem in the United States - occurs most frequently as a consequence of a mental health problem."[1] In many cases, early recognition and treatment of mental disorders may help prevent suicides.[1]

Respondents were asked if they had ever seriously considered attempting suicide in the past year.

➤ Most adults (98%) had <u>not</u> seriously considered attempting suicide in the past year.

Healthy People 2010

Goal: Improve mental health and ensure access to appropriate, quality mental health services.[1]

NUTRITION

FRUITS AND VEGETABLES

Good nutrition is critical for adequate growth and development and overall health.[1] Poor nutrition contributes considerably to preventable illness and death in the United States.[14, 1] Dietary factors are associated with several leading causes of death including coronary heart disease, some types of cancer, stroke, and type 2 (non-insulin dependent) diabetes.[1]

The 5 A Day for Better Health Program is a large-scale public/private partnership between the fruit and vegetable industry and the United States government. This national nutrition program seeks to increase the number of daily servings Americans eat of fruits and vegetables to five or more. Along with this main goal, the program works to inform Americans that eating fruits and vegetables can improve their health and may reduce the risk of cancer and other chronic diseases. The program provides consumers with easy ways to add more fruits and vegetables into their daily eating patterns.[20]

Respondents were asked a series of questions to determine their average fruit and vegetable consumption per day.

➤ Only 21% of adults ate five or more servings of fruits and vegetables daily, while 33% ate between three and five servings, and 46% ate less than three servings.
➤ Females are more likely (27%) to eat five or more daily servings of fruits and vegetables per day than males (15%).
➤ More adults aged 65 or older eat five or more servings of fruits and vegetables per day (36%) compared to people aged 18-34 (17%) and aged 35-64 (20%).
➤ Adults who were currently married were more likely to eat five or more servings of fruits and vegetables daily.
➤ Those with a post-high school education or more were more likely to eat five or more servings of fruits and vegetables daily than adults with a high school degree or less.

Healthy People 2010

Goal: Promote health and reduce chronic disease associated with diet and weight.[1]

Average Daily Fruit and Vegetable Consumption Clark County BRFSS, 2002

- None to <3 servings a day: 46%
- 3 to < 5 servings per day: 33%
- 5 or more servings per day: 21%
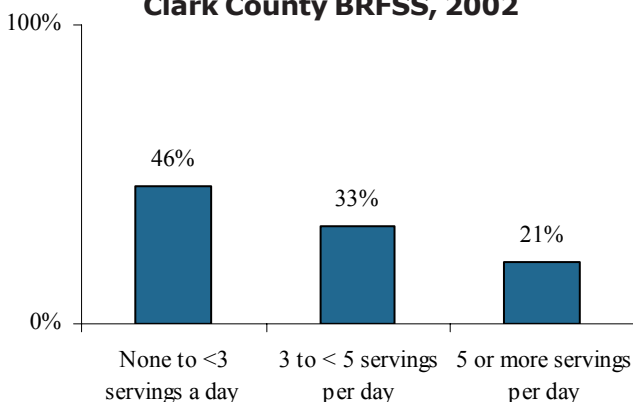
Consumption of Five or More Daily Servings of Fruits and Vegetables by Education Clark County BRFSS, 2002

- High school or less: 14%
- Some post-high school: 23%
- College graduate or more: 30%
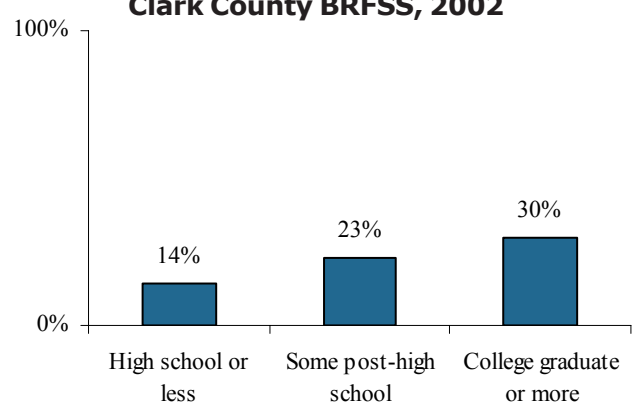
Fruits and Vegetables

	<3 Servings (CI)	3 to <5 Servings (CI)	5 or More Servings (CI)
All Adults	46% (41-50)	33% (29-37)	21% (18-25)
DEMOGRAPHICS			
Gender:			
Male	56% (49-62)	29% (24-35)	15% (11-21)
Female	36% (30-42)	37% (32-43)	27% (22-32)
Age:			
18-34	57% (48-65)	27% (20-35)	17% (12-23)
35-64	44% (39-50)	35% (30-41)	20% (16-25)
65+	25% (18-34)	39% (30-49)	36% (27-45)
Marital Status:			
Currently Married	42% (36-48)	34% (29-39)	24% (20-29)
Formerly Married	44% (35-53)	40% (31-49)	16% (12-22)
Never Married	63% (51-73)	21% (14-32)	-
Education:			
High school or less	55% (47-63)	31% (25-39)	14% (10-19)
Some post-high school	41% (35-48)	36% (30-43)	23% (18-29)
College graduate or more	38% (30-46)	33% (26-40)	30% (23-37)
Household Income:			
<$25,000	43% (33-53)	38% (27-49)	20% (13-28)
$25,000-49,999	49% (40-57)	33% (26-41)	18% (14-24)
$50,000 +	44% (38-51)	35% (29-41)	21% (16-27)
OTHER FACTORS			
Health Insurance:			
Yes	44% (39-49)	33% (29-38)	22% (19-26)
No	58% (45-71)	-	-

<3 Servings: Ate less than 3 servings of fruit and vegetables per day.

3 to <5 Servings: Ate 3 or more, but less than 5 servings of fruit and vegetables per day.

5 or More Servings: Ate 5 or more servings of fruit and vegetables per day.

For reference, the 95% confidence interval (CI) is shown.

Dash (-) indicates sample size is less than 30.

TECHNICAL APPENDIX

TECHNICAL APPENDIX

Background

General Overview of BRFSS

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual telephone survey conducted across the country. It is conducted continuously throughout each year as a collaborative effort between the Centers for Disease Control and Prevention (CDC) and each state's Department of Health. Although the national survey began in 1984, Washington State's first survey was in 1987. The survey collects information on a vast array of health conditions and risk and protective factors about individual health. The goal of the survey is to measure the prevalence of health related behaviors in the general adult population. The results of the survey are used to plan and monitor health intervention and prevention programs, develop policy, and measure progress toward state and national health objectives.

Clark County conducted a countywide BRFSS survey in 1996, 1999, and most recently, in 2002 to better understand the health status and health behaviors among local residents. The county survey uses all BRFSS standard protocols and procedures. The county level data gives estimates of health conditions and risk behaviors among Clark County adult residents.

Questionnaire

The Clark County BRFSS questionnaire used a combination of questions directly from the Washington State BRFSS, optional modules available from CDC, and questions from earlier Clark County BRFSS surveys. Sections of the questionnaire included questions related to health status, healthy days – health-related quality of life, health care access, fruits and vegetables, asthma, diabetes, immunizations, social capital, use of seatbelts, demographics, exercise, physical activity, oral health, tobacco use, other tobacco products, alcohol consumption, family planning, women's health, prostrate cancer screening, colorectal cancer screening, HIV/AIDS, firearms, suicidal thoughts, family violence and environmental health. The wording of questions and the screening of respondents were done according to CDC protocol specifications. The survey took approximately 18-20 minutes to administer to each respondent.

Data from Clark County respondents in the Washington State BRFSS were used where possible to supplement county level data. These data were combined with local Clark County responses for common questions that were included in both surveys.

About the Report

This report summarizes results from the Clark County, Washington, BRFSS survey in 2002. For each topic discussed, the report provides a brief introduction to the topic, a summary of the findings, and graphs or tables of selected findings. The introduction provides a broad description of the topic and describes the information in the questionnaire. The main findings are summarized with bulleted statements which highlight data found in the graphs and tables, as well as data from other survey questions not displayed in the graphs and tables. For each topic, a table is shown detailing common demographic items (for example age, gender, and income) for selected responses. In addition, the tables include other factors that may be important for the specific topic due to risk associations or common interest. The graphs for each topic draw attention to important findings that may also be mentioned in the table or bulleted statements.

The report also compares Clark County data to the national goals and target health objectives from Healthy People 2010, the nationwide health promotion and disease prevention agenda, when available.[1] The report notes when a topic is one of the ten Leading Health Indicators identified in Healthy People 2010. Leading Health Indicators are described as "the major public health concerns in the United States and were chosen on their ability to motivate action, the availability of data to measure their progress, and their relevance as broad public health issues."[1] In addition to the ten

Leading Health Indicators, there are additional topics outlined in Healthy People 2010; each has an overall goal listed as well as specific objectives to help achieve that goal. For instance, the topic of cancer has an overall goal to "reduce the number of new cancer cases as well as the illness, disability, and deaths caused by cancer."[1] The objectives for the topic relate to more specific types of cancer and ways to reduce rates. The Healthy People 2010 goals and objectives are listed in this report when applicable. The report notes when Clark County data met the national targets.

Data from the Clark County BRFSS surveys of 1996 and 1999 are included when they are available.[2, 3] The report also includes selected data from the Washington State BRFSS for 1996, 1999, and 2002 for comparison.[4, 5]

For all tables and discussions, actual counts and prevalence estimates are not shown when there were fewer than 30 respondents who answered a question.

Methodology

The BRFSS is conducted by random-digit-dialing of residential telephone numbers to randomly select participants among the adults in Clark County. The Gilmore Research Group in Seattle, Washington, conducted the interviews under contract with the Clark County Health Department and the Washington State Department of Health. The interviewers made multiple attempts to reach the selected households and selected respondents. The survey was only conducted in English.

For most of the 2002 survey results, there were 910 potential respondents since 619 from the local BRFSS were combined with 291 additional Clark County respondents from the Washington State BRFSS.

Total of 2002 BRFSS respondents in Clark County is 910 (291+619)

Clark County
total adult pop. 261,000

Washington State

4887 total respondents in
Washington State BRFSS
(4596 NOT in Clark County)

619 respondents to Clark
County BRFSS

291 Clark County respondents to
Washington State BRFSS
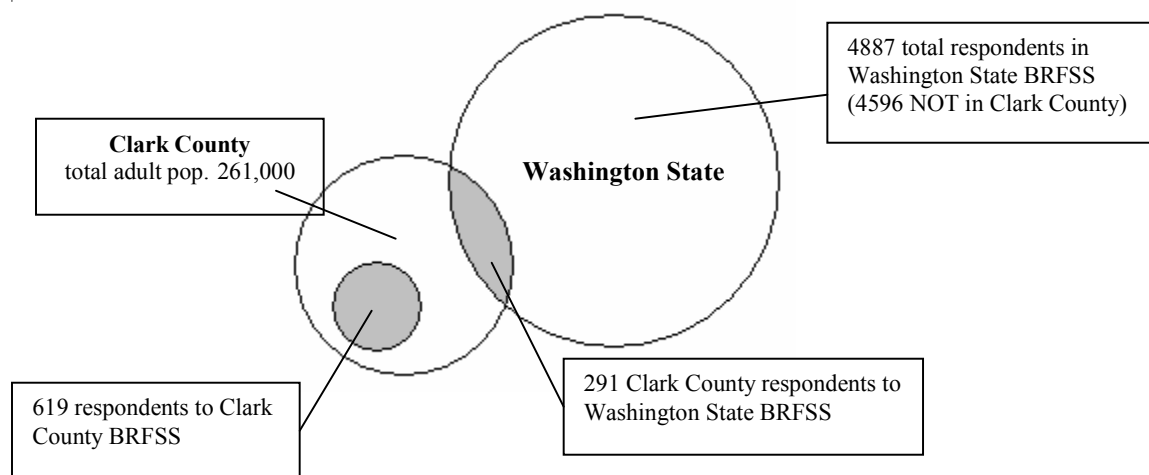
Sampling and Subject Selection
The BRFSS is based on a random sample of the adult population. Clark County's 2002 adult population (aged 18 and older) was 261,000. In order to have adequate statistical power for the results (at ± 4% at the 95% confidence level), a sample size of 600 county residents was required. The Clark County BRFSS data was collected from January 1, 2002 through December 31, 2002 with approximately 50 interviews occurring each month. A total of 619 respondents answered the Clark County BRFSS questions. The Washington statewide BRFSS collected an additional 291 surveys of Clark County adults and were added to the 619 Clark County surveys for a total of 910 potential respondents. Because the survey instruments differed somewhat, data for 910 respondents were available only for those questions that were included on both the Clark County and the Washington State questionnaires.

Data Collection
The questionnaire and answer choices were pre-programmed into a computer-assisted telephone interviewing (CATI) system. The CATI system allowed the interviewers to concentrate on the questions themselves and not necessarily to the details of the skip patterns and branching questions that the computer program controls. Quality control measures such as monitoring interviews and checking data from the interviewers helped ensure accurate survey data.

The survey data was collected through telephone interviews by trained interviewers. The interviewing took place in every month throughout the year. Interviewers placed calls from approximately 4pm to 9pm on weekdays, 10am to 5pm on Saturdays, and 1pm to 5pm on Sundays. If the respondent was not reached at this point during the standard calling times, further attempts were made starting at 9am on weekdays. Attempts were made to honor all requests for callback appointments regardless of time of day or day of week.

Respondent Selection
The interviewers made multiple attempts to reach randomly selected households. Once reached, the households were screened for adult residents so that the potential survey participant could be randomly selected from eligible persons, aged 18 years or older, in the household. Multiple attempts were made to reach the selected respondent. Proxy respondents were not allowed for the survey. If the selected person was unable or unwilling to participate, protocol specified the interviewers move to the next eligible telephone number.

Results

Completion of Telephone Calls
The following table shows the outcome of attempts to all telephone numbers called during the survey. This record displays only those telephone numbers called as part of the local Clark County BRFSS and does not include the Clark County portion of the Washington State BRFSS. In addition, the next table shows the response and cooperation rates for the 2002 Clark County BRFSS.

Disposition of All Telephone numbers

Code number	Description of Call	n	%
110	Completed Interview	619	11.8%
120	Partial Complete	0	0.0%
210	Termination within questionnaire	24	0.5%
220	Refusal after respondent selection	187	3.6%
230	Selected Respondent Never Reached	55	1.0%
240	Selected Respondent Away for duration of interviewing period	26	0.5%
250	Language barrier - Respondent selected	23	0.4%
260	Physical/Mental/Other health barrier - Respondent Selected	29	0.6%
270	Refusal - after adults but before genders	1	0.0%
280	Call back - number of adults but before genders	0	0.0%
305	Household away for duration of interviewing period	8	0.2%
310	Refusal - Private residence but not screened	66	1.3%
315	Call back - private residence, unscreened	16	0.3%
320	Language barrier before respondent selection	27	0.5%
325	Physical/Mental/Other before selection	0	0.0%
330	Refusal - private residence not confirmed	236	4.5%
332	Contact, - Not sure if private residence	1	0.0%
335	Answering machine - private residence	108	2.1%
340	Call blocking/Automated Response - Residence	7	0.1%
345	Answering machine - unsure residence	79	1.5%
350	Call blocking/Automated Response - Unsure if residence	1	0.0%
355	Disconnected/Non-Working/Rings to Wrong number - After First Att.	47	0.9%
360	No answer	264	5.0%
365	Busy	36	0.7%
370	Never call list	0	0.0%
405	Not in CLARK COUNTY	48	0.9%
410	Teen line, teen household	7	0.1%
420	Business, Not a Private Residence	558	10.6%
430	Fax/Modem/data - just screechy sounds	150	2.9%
440	Fast busy	265	5.0%
450	Disconnected/Non-working/Rings to Wrong Number - First Attempt	2361	45.0%
		5249	100%

100's	Interview	619	12%
200's	Non-Interview, Household with Eligible Respondent	345	7%
300's	Non-Interview, Eligibility Undetermined	896	17%
400's	Not Eligible	3389	65%
		5249	100%

2002 Clark County BRFSS Response and Cooperation Rates

<u>Casro Response Rate (no categories for "overquota" or "no eligible" in our data)</u>

Completes:	627	(110+120+(210*.32)
Eligible:	964	(110+120+210+220+230+240+250+260+270+280)
Ineligible:	3389	(405+410+420+430+440+450)
Unknown:	896	(305+310+315+320+325+330+332+335+340+345+350+355+360+365+370)
Unkndenom:	198	(Eligible/(Eligible+Ineligible))*Unknown
Casro: 53.91%		**(Completes/(Eligible+Unkndenom))**

<u>Overall Response Rate</u>

Completes:	627	(110+120+(210*.32))
Break-offs and Refusals:	203	((210*.68)+220)
Known Households:	332	(230+240+250+260+270+280+305+310+315+335)
Ineligible Households:	265	(440)
All Likely Households:	398	(345+350+320+325+330+332+340+370+355)
Households:	1785	(Known Households+Ineligible Households+Completes+Break-offs and Refusals+(.90*All Likely Households))
Eligible Households	1749	(.98*Households)
Overall Response Rate: 35.82%		**(Completes/Eligible Households)**

<u>Cooperation Rate</u>

Completes:	627	(110+120+(210*.32))
Break-offs and Refusals:	203	((210*.68)+220)
Cooperation Rate: 71.05%		**Completes/(Completes+Break-offs and Refusals+250+260)**

Data Adjustment/Weighting

The survey data were adjusted or weighted to appropriately account for survey selection that overestimates or underestimates the true distribution within a given area. The Clark County data were weighted to reflect the appropriate age and gender distribution of Clark County's adult population. Data from households with more than one adult and/or more than one residential telephone number were weighted to give each respondent equal chances of being selected for the survey.

Data Analysis

Statistical analyses necessary to provide accurate estimates of the prevalence rates were conducted in SPSS version 12.0 and Stata 8.0 by Clark County Health Department Assessment and Research staff in consultation with the Washington State Department of Health BRFSS Coordinator and an epidemiologist from Public Health-Seattle and King County.

Demographic Characteristics

Health outcomes are known to be associated with various demographic characteristics. A person's socio-economic status, gender, and age affect various health conditions. Other conditions may also affect health. For instance, a person who has health insurance may have better access to health care, and therefore, may be able to access preventive care more easily. This report summarizes the survey results and points to those factors that were most strongly associated with the conditions or behaviors of interest.

The Profile of Survey Respondents table displays the demographic characteristics of BRFSS respondents in Clark County. These counts include data from both the Clark County local BRFSS and the Clark County portion of the Washington State BRFSS. The data from these respondents were then adjusted or weighted by the age and gender distribution of Clark County's adult population to reflect countywide prevalence estimates. When reporting, weighted percentages are not displayed when the sample size was less than 30 respondents.

Profile of Survey Respondents

	Number	Percent
Overall	910	100.0%
Gender		
Male	345	37.9%
Female	565	62.1%
Age Group		
18 – 34 yrs	252	27.7%
35 – 64 yrs	490	53.8%
65 yrs and older	166	18.2%
Missing/Don't Know/Refused	2	0.2%
Race		
White	577	63.4%
Other	33	3.5%
Missing/Don't Know/Refused	300	33.0%
Ethnicity		
Hispanic/Spanish origin	30	3.3%
Not Hispanic/Spanish origin	879	96.6%
Missing/Don't Know/Refused	1	0.1%
Marital Status		
Currently married	529	58.1%
Formerly married	247	27.1%
Never married	132	14.5%
Missing/Don't Know/Refused	2	0.2%
Education Level		
High school or less	335	36.8%
Some post-high school	313	34.4%
College graduate or more	260	28.6%
Missing/Don't Know/Refused	2	0.2%
Income Level		
Less than $25,000	172	18.9%
$25,000 - $49,999	276	30.3%
$50,000 or more	353	38.8%
Missing/Don't Know/Refused	109	12.0%
Employment		
Employed for wages	454	49.9%
Self-employed	89	9.8%
Out of work for more than 1 yr	12	1.3%
Out of work for less than 1 yr	58	6.4%
Homemaker	80	8.8%
Student	18	2.0%
Retired	170	18.7%
Unable to work	28	3.1%
Missing/Don't Know/Refused	1	0.1%

Note: Total percents may not add to 100% due to rounding.

Limitations

BRFSS results have several limitations. Because the survey was conducted using residents' telephone numbers, residents living in households without a telephone were not included. Cellular telephone numbers were not included in the survey sampling, so households using only cellular service were not included. Surveys were conducted in English only. Potential respondents were not always available or willing to participate in the survey. Also, because the survey relied on the respondent's own report, some data may be overestimated or underestimated.

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2002 Clark County
Behavioral Risk Factor Surveillance System Questionnaire

The entire Clark County survey instrument is included below. For each survey question, either the actual answer categories or grouped categories, where needed for analysis, are listed. For each category, the survey sample size (e.g., number of respondents), weighted frequency shown as a percentage and the weighted population figure are displayed. In cases where the survey question was used as an input variable to produce a calculated variable (e.g., required some statistical manipulation or combination with other variable), the survey question is listed followed by the calculated variable. In most of these cases, the data is shown for the calculated variable only. Calculated variables are those questions for which there is no question number noted.

The Washington State Behavioral Risk Factor Surveillance System survey for 2002 was conducted simultaneously with the Clark County survey. For common survey questions, the Clark County respondents to the Washington State survey have been included along with the respondents to the local Clark County survey for a greater number of overall respondents. These questions are noted in the Clark County survey instrument with an asterisk (*).

For all analyses, the "don't know/not sure" and "refused" answer categories were excluded and are not displayed with the survey questions. Dash (-) indicates sample size is less than 30.

Section 1: Health Status

Q1X1* Would you say that in general your health is . . .	Sample Size (n)	Weighted %	Weighted Population
1. Excellent, Very good, Good	793	89.9	234,670
2. Fair, Poor	117	10.1	26,439

Section 2: Healthy Days – Health-Related Quality of Life

Q2X1* Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (Record exact number of days)	Sample Size (n)	Weighted %	Weighted Population
0. None	581	65.6	166,961
1. 1 to 5 days	182	21.3	54,194
2. 6 or more days	130	13.1	33,194

Grouped Physical Health	Sample Size (n)	Weighted %	Weighted Population
0. None	581	65.6	166,961
1. 1 to 13 days	227	27.2	69,199
2. 14 or more days	85	7.2	18,189

Q2X2* Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (Record exact number of days)	Sample Size (n)	Weighted %	Weighted Population
0. None	556	63.8	162,040
1. 1 to 5 days	191	21.7	55,189
2. 6 or more days	143	14.4	36,653

Grouped Mental Health	Sample Size (n)	Weighted %	Weighted Population
0. None	556	63.8	162,040
1. 1 to 13 days	237	27.2	69,110
2. 14 or more days	97	9.0	22,732

Q2X3* ---**ask only if Q2X1 or Q2X2 ? 0** During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation? (Record exact number of days)

	Sample Size (n)	Weighted %	Weighted Population
0. None	545	68.8	129,543
1. 1 to 5 days	132	21.8	40,968
2. 6 or more days	81	9.4	17,664

Grouped Poor Physical or Mental Health

	Sample Size (n)	Weighted %	Weighted Population
0. None	545	68.8	129,543
1. 1 to 13 days	163	26.1	49,075
2. 14 or more days	50	5.1	9,557

Section 3: Health Care Access

Q3X1* Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

	Sample Size (n)	Weighted %	Weighted Population
1. Yes	822	88.9	232,110
2. No	88	11.1	28,999

Q3X2* Do you have one person you think of as your personal DOCTOR or health care provider?   IF NO, ASK: Is there MORE THAN ONE or is there NO person who you think of as your personal Doctor or health care provider?

	Sample Size (n)	Weighted %	Weighted Population
1. Yes, only one	661	69.6	180,254
2. More than one	52	7.1	18,529
3. No	191	23.3	60,366

Q3X3* When you are sick or need advice about your health, to which one of the following places do you usually go? Would you say . . .

	Sample Size (n)	Weighted %	Weighted Population
1. Doctor's office/Clinic	742	80.4	209,450
2. Other: Hospital outpatient/ER/urgent care/other place	126	15.8	41,178
3. No usual place	39	3.8	9,908

Q3X4* Was there a time during the past 12 months when you needed medical care but could not get it?

	Sample Size (n)	Weighted %	Weighted Population
1. Yes	53	5.7	14,852
2. No	855	94.3	244,797

Q3X5 ---**ask only if Q3X4 = 1** What is the main reason you did not get medical care? Would you say. . .

	Sample Size (n)	Weighted %	Weighted Population
1. Cost(include no insurance)	26	57.0	8,459
2. Distance	0	-	-
3. Office wasn't open when I could get there	1	1.7	248
4. Too long a wait for an appointment	21	28.9	4,291
5. Too long a wait in waiting room	1	5.8	868
6. No child care	0	-	-
7. No transportation	1	2.1	313
8. No access for people with disabilities	0	-	-
9. The medical provider didn't speak my language	0	-	-
10. Other (SPECIFY)	3	4.5	672

Section 4: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month and so forth. Remember I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

Q4X1A* How often do you drink fruit juices such as orange, grapefruit, or tomato?

Q4X2A* Not counting juice, how often do you eat fruit?

Q4X3A* How often do you eat green salad?

Q4X4A* How often do you eat potatoes, not including french fries, fried potatoes, or potato chips?

Q4X5A* How often do you eat carrots?

Q4X6A* Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (A serving of vegetables at both lunch and dinner would be two servings.)

FRTINDX Summary index of daily servings of fruits and vegetables using Q4X1A – Q4X6A	Sample Size (n)	Weighted %	Weighted Population
1. None or less than one serving per day	33	4.7	12,120
2. One to less than three servings per day	326	41.1	107,003
3. Three to less than five servings per day	328	33.1	86,059
4. Five or more servings per day	220	21.2	55,116

Section 5: Asthma

Q5X1* Have you ever been told by a doctor, nurse, or other health professional that you had asthma?	Sample Size (n)	Weighted %	Weighted Population
1. Yes	146	16.9	44,014
2. No	761	83.1	216,722

Q5X2* ---ask only if Q5X1 = 1 Do you still have asthma?	Sample Size (n)	Weighted %	Weighted Population
1. Yes	94	64.6	28,109
2. No	49	35.4	15,431

CASTHMA Risk factor for current asthma prevalence using Q5X1 and Q5X2	Sample Size (n)	Weighted %	Weighted Population
1. Not at risk (Have not been told they had asthma OR do not still have asthma)	810	89.2	232,153
2. At risk (Have been told they had asthma and they still have asthma)	94	10.8	28,109

LTASTHM Risk factor for lifetime asthma prevalence	Sample Size (n)	Weighted %	Weighted Population
1. Not at risk (Have not been told they had asthma)	761	83.1	216,722
2. At risk (Have been told they had asthma)	146	16.9	44,013

Section 6: Diabetes

Q6X1* Have you ever been told by a doctor that you have diabetes? IF YES, AND FEMALE, ASK: Was this only when you were pregnant?	Sample Size (n)	Weighted %	Weighted Population
1. Yes	42	4.6	11,961
2. Yes, only during pregnancy	7	0.6	1,550
3. No	858	94.8	246,629

Grouped Diabetes (Have been told had diabetes)	Sample Size (n)	Weighted %	Weighted Population
1. Yes	42	4.6	11,961
2. No, OR Yes, but only during pregnancy	865	95.4	248,179

Q6X2* **---ask only if Q6X1 = 1** How old were you when you were told you had diabetes? (Record age)

Q6X3 **---ask only if Q6X1 = 1** Have you ever taken a course or class in how to manage your diabetes yourself?	Sample Size (n)	Weighted %	Weighted Population
1. Yes	28	54.7	6,015
2. No	14	45.3	4,977

Section 7: Immunizations

Q7X1* During the past 12 months, have you had a flu shot?	Sample Size (n)	Weighted %	Weighted Population
1. Yes	287	30.6	79,482
2. No	621	69.4	180,620

FLUSHOT Risk factor for respondents aged 65 and older who have had a flu shot within the past 12 months	Sample Size (n)	Weighted %	Weighted Population
1. Not at risk (Respondents aged 65 or older who had a flu shot within the past 12 months)	126	72.3	24,976
2. At risk (Respondents aged 65 or older who have <u>not</u> had a flu shot within the past 12 months)	40	27.7	9,547

Q7X3* Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine (PRONOUNCED: new-mo-cockel).	Sample Size (n)	Weighted %	Weighted Population
1. Yes	203	21.2	50,403
2. No	635	78.8	187,305

PNEUMOC Risk factor for respondents aged 65 and older who have ever had a pneumococcal vaccine	Sample Size (n)	Weighted %	Weighted Population
1. Not at risk (Respondents aged 65 or older who have had a pneumococcal vaccine)	121	71.3	23,391
2. At risk (Respondents aged 65 or older who have <u>not</u> had a pneumococcal vaccine)	39	28.7	9,407

Section 8: Social Capital

Q8X2* In the past year, did you attend a public meeting on town or school affairs?	Sample Size (n)	Weighted %	Weighted Population
1. Yes	235	27.9	71,671
2. No	669	72.1	184,790

Q8X3A* How many times, if any, did you do volunteer work in the past year?	Sample Size (n)	Weighted %	Weighted Population
1. None	389	44.7	114,197
2. At least once per week	106	10.5	26,885
3. At least once per month	83	8.5	21,655
4. At least once per year	321	36.3	92,589

VOLUNTEER Volunteered work in past year	Sample Size (n)	Weighted %	Weighted Population
1. Less than 3 times	519	59.9	153,000
2. 3 or more times	380	40.1	102,326

Q8X5* Generally speaking, would you say that, A. Most people can be trusted, or B. That you cannot be too careful in dealing with people?	Sample Size (n)	Weighted %	Weighted Population
1. A. Most people can be trusted	485	53.3	133,680
2. B. Can't be too careful	354	40.5	101,672
3. Depends (only if respondents volunteer this)	48	6.2	15,437

Section 9: Use of Seatbelts

Q9X1* Next, how often do you use seatbelts when you drive or ride in a car?	Sample Size (n)	Weighted %	Weighted Population
1. Always or nearly always	878	96.0	250,667
2. Sometimes, seldom or never	32	4.0	10,442

RFSEAT2 Risk factor for seatbelt use (always, nearly always wear)	Sample Size (n)	Weighted %	Weighted Population
1. Not at risk (Always or nearly always use seatbelt when driving or riding in a car OR never drives or rides in a car)	878	96.0	250,667
2. At risk (Sometimes, seldom or never use a seatbelt when driving or riding in a car)	32	4.0	10,442

RFSEAT4 Risk factor for seatbelt use (always wear)	Sample Size (n)	Weighted %	Weighted Population
1. Not at risk (Always use seatbelt when driving or riding in a car OR never drives or rides in a car)	794	84.6	220,845
2. At risk (Nearly always, sometimes, seldom or never use a seatbelt when driving or riding in a car)	116	15.4	40,264

Section 10: Demographics

Q10X1* What is your age? (In which age category do you belong?)	Sample Size (n)	Weighted %	Weighted Population
1. 18-34 years old	252	31.3	81,613
2. 35-64 years old	490	55.5	144,720
3. 65 years or older	166	13.2	34,523

Q10X2* Are you Hispanic or Latino? NOTE: If Respondent is female, ask: Are you Hispanic or Latina?	Sample Size (n)	Weighted %	Weighted Population
1. Yes	30	4.4	11,370
2. No	879	95.6	249,649

Q10X3* Which one - OR MORE** - of the following would you say is your race... IF "HISPANIC" PROBE: Are you White-Hispanic, Black-Hispanic, Asian Hispanic, Pacific Islander and Hispanic, American Indian and Hispanic, or some other race and Hispanic? FIRST ANSWER: (Read all categories)	Sample Size (n)	Weighted %	Weighted Population
1. White	577	92.4	106,619
2. Black or African American	-		
3. Asian	-		
4. Native Hawaiian or Other Pacific Islander	-		
5. American Indian, Alaska Native	-		
6. Or something else (SPECIFY:)	-		

**Only 18 of these respondents chose to identify multiple races.

Q10X5* Are you . . .	Sample Size (n)	Weighted %	Weighted Population
1. Married	529	62.6	163,251
2. Formerly married (divorced, widowed)	247	20.7	54,044
3. Never married (never been married, member of unmarried couple)	132	16.6	43,372

	Sample Size (n)	Weighted %	Weighted Population
Q10X6* How many children less than 18 years of age live in your household?			
0. None	553	55.9	146,043
1. One	140	16.4	42,913
2. Two	135	16.2	42,178
3. Three or more	82	11.5	29,975

	Sample Size (n)	Weighted %	Weighted Population
Q10X7* ---ask only if Q10X6 ? 0 How many children live in your household who are less than 1 year old?			
1. One or more	40	25.2	18,372
8. None	105	74.8	54,652

	Sample Size (n)	Weighted %	Weighted Population
Q10X8* ---ask only if Q10X6 ? 0 How many children live in your household who are one through 4 years old?			
1. One	92	38.0	31,893
2. Two or more	-		
8. None	86	54.3	45,554

	Sample Size (n)	Weighted %	Weighted Population
Q10X9* ---ask only if Q10X6 ? 0 How many children live in your household who are 5 through 12 years old?			
1. One	117	36.9	35,491
2. Two or more	87	31.4	30,196
8. None	59	31.8	30,578

	Sample Size (n)	Weighted %	Weighted Population
Q1010* ---ask only if Q10X6 ? 0 How many children live in your household who are 13 through 17 years old?			
1. One	100	35.3	31,043
2. Two or more	43	16.1	14,154
8. None	74	48.7	42,851

	Sample Size (n)	Weighted %	Weighted Population
Q1011* What is the highest grade or year of school you completed?			
1. High school or less (includes GED)	335	41.7	108,278
2. Some post-high school (some college or technical)	313	31.9	82,872
3. College graduate or more	260	26.4	68,662

	Sample Size (n)	Weighted %	Weighted Population
Q1012* Are you currently. . .			
1. Employed for wages	454	55.6	144,621
2. Self-employed	89	8.9	23,209
3. Out of work for more than 1 year	-		
4. Out of work for less than 1 year	58	6.8	17,550
5. Homemaker	80	6.5	16,919
6. Student	-		
7. Retired	170	15.1	39,334
8. Or unable to work	-		

	Sample Size (n)	Weighted %	Weighted Population
Q1015* Annual household income (before taxes).			
1. Less than $25,000	172	17.7	40,300
2. $25,000 to less than $50,000	276	35.2	80,073
3. $50,000 or more	353	47.1	107,337

Q1016* About how much do you weigh without shoes?

Q1017* About how tall are you without shoes?
       EXAMPLE: 5'2" = 502, 6'11" = 611

Clark County Health Department

BMI2CAT Three level Body Mass Index (BMI) category using Q1016 and Q1017	Sample Size (n)	Weighted %	Weighted Population
1. Not overweight or obese (BMI less than 25.00)	337	38.0	93,922
2. Overweight (BMI equal to or greater than 25.00 and less than 30.00)	322	36.7	90,912
3. Obese (BMI equal to or greater than 30.00)	204	25.3	62,641

RFBMI2 Risk factor for overweight or obese	Sample Size (n)	Weighted %	Weighted Population
1. Not at risk (BMI less than 25.00)	337	38.0	93,922
2. At risk (BMI equal to or greater than 25.00)	526	62.0	153,553

Q1019 What is your zip code? (The zip code of your residence, that is, where you live.)

Q1020* Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.	Sample Size (n)	Weighted %	Weighted Population
1. Yes	115	9.5	24,562
2. No	790	90.5	233,480

Q1021 How many of these are residential numbers?*** (Record number of lines) ***This information used for sample design only.

Q1022* Gender	Sample Size (n)	Weighted %	Weighted Population
1. Male	345	49.0	128,020
2. Female	565	51.0	133,089

Section 11: Exercise

Q11X1* These next questions are about physical activity. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	Sample Size (n)	Weighted %	Weighted Population
1. Yes	759	84.3	219,074
2. No	150	15.7	40,869

TOTINDA Risk factor for no leisure time activity or exercise during the past 30 days other than respondent's regular job using Q11X1	Sample Size (n)	Weighted %	Weighted Population
1. Not at risk (Report any level of physical activity or exercise)	759	84.3	219,074
2. At risk (Report no physical activity or exercise)	150	15.7	40,869

Section 12: Physical Activity

Q12X1 When you are at work, which of the following best describes what you do? Would you say. . . (IF RESPONDENT SAYS HAS MULTIPLE JOBS, INCLUDE ALL JOBS)	Sample Size (n)	Weighted %	Weighted Population
1. Mostly sitting or standing	217	58.5	90,381
2. Mostly walking	89	27.0	41,667
3. Or mostly heavy labor or physically demanding work	46	14.5	22,437

Q12X2 We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate. Now, thinking about the moderate physical activities you do <when you are not working> in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate?

	Sample Size (n)	Weighted %	Weighted Population
1. Yes	562	92.0	238,894
2. No	54	8.0	20,913

Q12X3 **---ask only if Q12X2 = 1** How many days per week do you do these moderate activities for at least 10 minutes at a time? (Record exact number of days)

Q12X4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? RECORD AS HOURS AND MINUTES: EXAMPLE - 1 hour 20 minutes - 120, 10 minutes - 010, 3 hours - 300.

MODPA Risk factor for no moderate physical activity (for at least 30 minutes on 5 or more days per week) using Q12X2, Q12X3 and Q12X4

	Sample Size (n)	Weighted %	Weighted Population
1. Not at risk (Do moderate physical activity for 30 minutes or more on 5 or more days per week.)	250	41.2	104,416
2. At risk (Do not do moderate physical activity for 30 minutes or more on 5 or more days per week.)	350	58.8	148,836

PALVL Physical Activity Level (Based on moderate physical activity recommendations of 30 minutes or more on 5 or more days per week) using Q12X2, Q12X3 and Q12X4

	Sample Size (n)	Weighted %	Weighted Population
1. No moderate physical activity	54	8.3	20,913
2. Irregular, moderate physical activity (Do not meet recommended 30 minutes or more on 5 or more days per week.)	296	50.5	127,923
3. Regular, moderate physical activity (Do meet recommended 30 minutes or more on 5 or more days per week.)	250	41.2	104,416

Q12X5 Now thinking about the vigorous physical activities you do <when you are not working>in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

	Sample Size (n)	Weighted %	Weighted Population
1. Yes	310	52.8	137,638
2. No	307	47.2	123,114

Q12X6 **---ask only if Q12X5 = 1** How many days per week do you do these vigorous activities for at least 10 minutes at a time?

Q12X7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? RECORD AS HOURS AND MINUTES: EXAMPLE - 1 hour 20 minutes - 120, 10 minutes - 010, 3 hours - 300.

VIGPA Risk factor for no vigorous physical activity (for at least 20 minutes on 3 or more days per week) using Q12X5, Q12X6 and Q12X7

	Sample Size (n)	Weighted %	Weighted Population
1. Not at risk (Do vigorous physical activity for 20 minutes or more on 3 or more days per week.)	182	32.3	83,908
2. At risk (Do not do vigorous physical activity for 20 minutes or more on 3 or more days per week.)	432	67.7	176,029

Section 13: Oral Health

Q13X1* The next few questions are about oral health care. How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

		Sample Size (n)	Weighted %	Weighted Population
1.	Within the past year (1 to less than 12 months ago)	657	70.5	184,070
2.	Within the past 2 years (1 to less than 2 years ago)	107	12.0	31,296
3.	Within the past 5 years (2 to less than 5 years ago)	78	9.7	25,291
4.	Or 5 or more years ago	66	7.7	20,118
5.	Never	-		

DENTVST Risk factor for having visited a dentist, dental hygienist or dental clinic within the past year using Q13X1

		Sample Size (n)	Weighted %	Weighted Population
1.	Not at risk (Have had dental visit in past year)	658	70.7	184,660
2.	At risk (Have not had dental visit in past year)	251	29.3	76,358

Q13X2* How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. Include teeth lost due to infection.

		Sample Size (n)	Weighted %	Weighted Population
1.	5 or fewer	233	23.4	60,030
2.	6 or more but not all	92	9.3	23,925
3.	All	41	4.7	11,956
4.	None	530	62.6	160,585

EXTEETH Risk factor for having had permanent teeth extracted using Q13X2

		Sample Size (n)	Weighted %	Weighted Population
1.	Not at risk (Have not had permanent teeth removed)	530	62.6	160,585
2.	At risk (Have had permanent teeth removed)	366	37.4	95,912

ALTEETH Risk factor for having had all permanent teeth extracted

		Sample Size (n)	Weighted %	Weighted Population
1.	Not at risk (Have not had all permanent teeth removed)	137	79.4	26,676
2.	At risk (Have had all permanent teeth removed)	-		

Q13X4* The last time you visited a health care provider for dental services, where did you go? Did you go to a. . .

		Sample Size (n)	Weighted %	Weighted Population
1.	Private dentist	856	95.4	247,153
2.	Public Health Center Clinic	31	3.1	8,157
3.	Community or Migrant Clinic	-		
4.	Indian Health Service Clinic	-		
5.	OR some other place (SPECIFY:)	-		

Q13X5 Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs or government plans such as Medicaid?

		Sample Size (n)	Weighted %	Weighted Population
1.	Yes	412	67.1	174,716
2.	No	205	32.9	85,650

Q13X6* ---ask only if Q10X9 ? 8 During the last 2 years, was there a time when you wanted dental care for your child but could not get it? (Your child, 5-12, who had the most recent birthday)

		Sample Size (n)	Weighted %	Weighted Population
1.	Yes	-		
2.	No	178	89.7	54,201

Q13X7 **---ask only if Q13X6 = 1** The last time your child could not get the dental care you wanted for (him)/(her), what were the main two reasons (he)/(she) could not get care? (Your child, 5-12, who had the most recent birthday)

	Sample Size (n)	Weighted %	Weighted Population
1. Could not afford it	-		
2. No insurance	-		
3. Dentist did not accept Medicaid/insurance	-		
4. Difficulty in getting appointment	-		
5. No dentist available	-		
6. Didn't know where to go	-		
7. No way to get there	-		
8. Hours not convenient	-		
9. Speak a different language	-		
10. Or some other reason (SPECIFY:)	-		

Q13X8 Do you have any kind of insurance that pays for some or all of your child's dental care? Include dental insurance through work, purchased directly, as well as other government programs like Medicaid coupons? (Your child, 5-12, who had the most recent birthday)

	Sample Size (n)	Weighted %	Weighted Population
1. Yes	180	89.6	53,882
2. No	-		

Q13X9* What language does your family usually speak at home?

	Sample Size (n)	Weighted %	Weighted Population
1. English	890	98.1	256,168
2. Spanish	-		
3. Russian	-		
4. Ukrainian	-		
5. Vietnamese	-		
6. Cambodian	-		
7. Laotian	-		
8. Other (SPECIFY:)	-		

Section 14: Tobacco Use

Q14X1* Now, on a different topic, have you smoked at least 100 cigarettes in your entire life?

	Sample Size (n)	Weighted %	Weighted Population
1. Yes	439	50.2	129,016
2. No	459	49.8	128,192

Q14X2* **---ask only if Q14X1 =1** Do you now smoke cigarettes everyday, some days, or not at all?

	Sample Size (n)	Weighted %	Weighted Population
1. Everyday	112	25.4	32,718
2. Some days	44	13.9	17,905
3. Not at all	283	60.8	78,393

SMOKER2 Four level smoker status using Q14X1 and Q14X2

	Sample Size (n)	Weighted %	Weighted Population
1. Current smoker/everyday (smoked at least 100 cigarettes and now smoke every day)	112	12.7	32,718
2. Current smoker/some days (smoked at least 100 cigarettes and now smoke some days)	44	7.0	17,905
3. Former smoker (smoked at least 100 cigarettes and currently do not smoke)	283	30.5	78,393
4. Never smoked (have not smoked 100 cigarettes in lifetime)	459	49.8	128,192

	Sample Size (n)	Weighted %	Weighted Population
RFSMOK2 Risk factor for current smoking status using Q14X1 and Q14X2			
1. Not at risk (Have <u>not</u> smoked 100 cigarettes in lifetime OR have smoked 100 cigarettes in lifetime but do not currently smoke)	742	80.3	206,585
2. At risk (Smoked at least 100 cigarettes in lifetime and now smoke every day or some days)	156	19.7	50,623

	Sample Size (n)	Weighted %	Weighted Population
Q14X3* ---ask only if Q14X1 = 1 During the past 12 months, have you stopped smoking for 1 day or longer because you were trying to quit smoking?			
1. Yes	130	46.4	37,428
2. No	183	53.6	43,206

	Sample Size (n)	Weighted %	Weighted Population
Q14X5 ---ask only if Q14X1 = 1 In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?			
1. Yes	259	71.4	87,157
2. No	80	28.6	34,893

	Sample Size (n)	Weighted %	Weighted Population
Q14X6 ---ask only if Q14X1 = 1 In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?			
1. Yes	107	31.8	26,890
2. No	145	68.2	57,746

	Sample Size (n)	Weighted %	Weighted Population
Q14X7* Which statement best describes the rules about smoking inside your home?			
1. Smoking is not allowed anywhere inside your home	736	82.1	208,986
2. Smoking is allowed in some places or at some times	61	7.6	19,245
3. Smoking is allowed anywhere inside the home	-		
4. Or there are no rules about smoking inside the home	89	9.4	23,831

	Sample Size (n)	Weighted %	Weighted Population
Q14X8 ---ask only if currently employed for wages or self-employed (Q1012 = 1 or 2) While working at your job, are you indoors most of the time?			
1. Yes	306	81.8	129,533
2. No	56	18.2	28,858

	Sample Size (n)	Weighted %	Weighted Population
Q14X9 ---ask only if Q14X8 = 1 Which of the following best describes your place of work's official smoking policy for indoor public, or common areas, such as lobbies, rest rooms, and lunch rooms. Would you say that smoking is...			
1. Not allowed in any public area	256	82.0	105,329
2. Allowed in some public areas	33	12.1	15,493
3. Allowed in all public areas	-		
4. Or that there is no official policy	-		

	Sample Size (n)	Weighted %	Weighted Population
Q1410 ---ask only if Q14X8 = 1 Which of the following best describes your place of work's official smoking policy for work areas. Would you say smoking is...			
1. Not allowed in any work area	261	84.8	108,213
2. Allowed in some work areas	-		
3. Allowed in all work areas	-		
4. Or that there is no official policy	-		

Section 15: Other Tobacco Products

	Sample Size (n)	Weighted %	Weighted Population
Q15X1* Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?			
1. Yes	137	16.8	43,121
2. No	767	83.2	212,797

Q15X2* ---ask only if Q15X1 =1 Do you currently use chewing tobacco or snuff every day, some days, or not at all?	Sample Size (n)	Weighted %	Weighted Population
1. Every day	-		
2. Some days	-		
3. Not at all	112	79.1	34,129

Section 16: Alcohol Consumption

Q16A* A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least 1 drink of any alcoholic beverage? (Record exact number of days)

DRNKANY3 Alcohol Beverages in past month using Q16A	Sample Size (n)	Weighted %	Weighted Population
1. Yes (Reported drinking alcohol in past 30 days)	546	59.8	154,292
2. No (Reported not drinking alcohol in the past 30 days)	356	40.2	103,794

Q16X2* ---ask only if Q16A ? 0 On the days you drank, about how many drinks did you drink on the average? (Record number of drinks)

DRNKMO2 Total number of drinks a month using Q16A and Q16X2

Q16X3* ---ask only if Q16A ? 0 Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (Record number of times)

RFBING2 Risk factor for binge drinking using Q16A, Q16X2 and Q16X3	Sample Size (n)	Weighted %	Weighted Population
1. Not at risk (Did not drink in past 30 days OR did drink in past 30 days but did not have 5 or more drinks on one occasion)	792	85.4	220,301
2. At risk (Did drink in past 30 days and had 5 or more drinks on one occasion in past month)	109	14.6	37,664

Q16X4* ---ask only if Q16A ? 0 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (Record exact number of days)

RFDRHV2 Risk factor for heavy alcohol consumption	Sample Size (n)	Weighted %	Weighted Population
1. Not at risk (Males with two or fewer OR females with one or fewer drinks per day)	854	95.3	244,117
2. At risk (Males with more than two OR females with more than one drink per day)	41	4.7	12,009

RFDRMN2 Risk factor for males for heavy alcohol consumption	Sample Size (n)	Weighted %	Weighted Population
1. Not at risk (Males with two or fewer drinks per day)	324	96.4	120,517
2. At risk (Males with more than two drinks per day)	-		

RFDRWM2 Risk factor for women for heavy alcohol consumption	Sample Size (n)	Weighted %	Weighted Population
1. Not at risk (Females with one or fewer drinks per day)	530	94.3	123,600
2. At risk (Females with more than one drink per day)	-		

RFDRDR2 Risk factor for drinking and driving	Sample Size (n)	Weighted %	Weighted Population
1. Not at risk (Respondent did not drive after having too much to drink OR had no alcoholic drinks in past month)	888	98.1	253,092
2. At risk (Respondent drove after having too much to drink)	-		

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Section 17: Family Planning

(If respondent if female and 45 years of age or older, or pregnant, or male and 60 years or older, go to next section)

Q17X1* The next few questions ask about pregnancy and ways to prevent pregnancy. Are you or your husband/wife/partner doing anything now to keep from getting pregnant? Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, Norplant, shots or Depo-provera, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. IF NEEDED: If multiple partners, consider usual method.

		Sample Size (n)	Weighted %	Weighted Population
1.	Yes	311	62.0	103,199
2.	No	124	25.3	42,090
3.	No partner/Not sexually active	71	12.3	20,391
4.	Same sex partner	-		

Q17X2* ---ask only if Q17X1 = 1 What are you or your husband/wife/partner doing now to keep you/her from getting pregnant? NOTE: Record respondent's condition if both have had sterilization procedures.

		Sample Size (n)	Weighted %	Weighted Population
1.	Sterilization	85	39.8	30,092
2.	Pill	64	21.4	16,225
3.	Condoms	48	19.3	14,621
4.	Other	36	19.5	14,760

Q17X3* ---ask only if Q17X2 ? 1, 2, or 12 What other method are you also using to prevent pregnancy?

		Sample Size (n)	Weighted %	Weighted Population
1.	Tubes tied (sterilization)	-		
2.	Vasectomy (sterilization)	-		
3.	Pill	-		
4.	Condoms	-		
5.	Foam, jelly, cream	-		
6.	Diaphragm	-		
7.	Norplant	-		
8.	IUD	-		
9.	Shots (Depo-Provera)	-		
10.	Withdrawal	-		
11.	Not having sex at certain times (rhythm)	-		
12.	No partner/Not sexually active	-		
13.	Other method(s) (SPECIFY:)	-		
14.	NO OTHER METHODS	115	70.3	32,044

Q17X4* ---ask only if Q17X1 = 2 What is your main reason for not doing anything to keep you/her from getting pregnant?

		Sample Size (n)	Weighted %	Weighted Population
1.	Not sexually active/No partner	-		
2.	Didn't think was going to have sex/No regular partner	-		
3.	You want a pregnancy	-		
4.	Your or your partner don't want to use birth control	-		
5.	You or your partner don't like birth control/fear side effects	-		
6.	You can't pay for birth control	-		
7.	Lapse in use of a method	-		
8.	Don't think you or your partner can get pregnant	-		
9.	You or your partner had tubes tied (sterilization)	-		
10.	You or your partner had a vasectomy (sterilization)	-		
11.	You or your partner had a hysterectomy	-		
12.	You or your partner are too old	-		
13.	You or your partner are currently breast-feeding	-		
14.	You or your partner just had a baby/postpartum	-		
15.	Other reason (SPECIFY:)	-		
16.	Don't care if get pregnant	-		
17.	Same sex partner	-		
18.	Partner is pregnant now	-		

BRCNTRL Use of birth control categories using Q17X4 among those not doing anything now to keep from getting pregnant.	Sample Size (n)	Weighted %	Weighted Population
1. Yes, use birth control (sterilized or partner sterilized)	-		
2. No, do not use birth control	39	43.3	15,077
3. Want pregnancy	-		
4. Not active/no partner/same sex partner	-		

FCNTRAC Risk factor for use of contraceptives to prevent unintended pregnancy	Sample Size (n)	Weighted %	Weighted Population
1. Not at risk (Females, aged 18-44 that use contraception)	160	86.0	39,781
2. At risk (Females, aged 18-44 that do not use contraception)	-		

Section 18: Women's Health

(If respondent is male, go to next section)

Q18X1* A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?	Sample Size (n)	Weighted %	Weighted Population
1. Yes	366	63.1	82,806
2. No	194	36.9	48,501

Q18X2* ---ask only if Q18X1 = 1 How long has it been since you had your last mammogram?	Sample Size (n)	Weighted %	Weighted Population
1. Within the past year (anytime less than 12 months ago)	207	56.8	46,798
2. Within the past 2 years (1 year but less than 2 years ago)	77	17.7	14,602
3. Within the past 3 years (2 years but less than 3 years ago)	34	11.1	9,118
4. Within the past 5 years (3 years but less than 5 years ago)	-		
5. Or 5 years or more years ago	-		

RFMAM2Y Risk factor for women aged 40 and older that have not had a mammogram within the past two years using Q18X1 and Q18X2	Sample Size (n)	Weighted %	Weighted Population
1. Not at risk (Females, aged 40 and older that have received a mammogram within the past two years)	262	73.2	56,486
2. At risk (Females, aged 40 and older that have not received a mammogram within the past two years)	86	26.8	20,684

Q182B ---ask only if Q18X1 = 1 Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?	Sample Size (n)	Weighted %	Weighted Population
1. Routine checkup	218	87.8	69,207
2. Breast problem other than cancer	-		
3. Had breast cancer	-		

Q18X3* clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?	Sample Size (n)	Weighted %	Weighted Population
1. Yes	522	91.1	119,320
2. No	36	8.9	11,680

Q18X4* ---ask only if Q18X3 = 1 How long has it been since you had your last breast exam?	Sample Size (n)	Weighted %	Weighted Population
1. Within the past year (anytime less than 12 months ago)	361	70.2	83,615
2. Within the past 2 years (1 year but less than 2 years ago)	84	14.7	17,504
3. Within the past 3 years (2 years but less than 3 years ago)	39	7.4	8,811
4. Within the past 5 years (3 years but less than 5 years ago)	-		
5. Or 5 years or more years ago	-		

RFBST2Y Risk factor for women aged 40 and older that have not had a clinical breast exam within the past two years using Q18X3 and Q18X4	Sample Size (n)	Weighted %	Weighted Population
1. Not at risk (Females, aged 40 and older that have received a clinical breast exam within the past two years)	278	79.7	61,392
2. At risk (Females, aged 40 and older that have <u>not</u> received a clinical breast exam within the past two years)	68	20.3	15,607

Q184B ---ask only if Q18X3 = 1 Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?	Sample Size (n)	Weighted %	Weighted Population
1. Routine checkup	338	95.5	116,665
2. Breast problem other than cancer	-		
3. Had breast cancer	-		

Q18X5* A pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?	Sample Size (n)	Weighted %	Weighted Population
1. Yes	546	96.2	126,325
2. No	-		

Q18X6* ---ask only if Q18X5 = 1 How long has it been since you had your last Pap smear?	Sample Size (n)	Weighted %	Weighted Population
1. Within the past year (anytime less than 12 months ago)	344	65.1	81,826
2. Within the past 2 years (1 year but less than 2 years ago)	79	12.5	15,730
3. Within the past 3 years (2 years but less than 3 years ago)	36	8.0	10,106
4. Within the past 5 years (3 years but less than 5 years ago)	-		
5. Or 5 years or more years ago	61	10.4	13,093

RFPAP3Y Risk factor female respondents, aged 18 and older with intact cervix, that have not had a pap smear within the past three years.	Sample Size (n)	Weighted %	Weighted Population
1. Not at risk (Females aged 18 and older, with intact cervix, that have received a pap smear within the past three years)	373	86.8	85,973
2. At risk (Females aged 18 and older, with intact cervix, that have <u>not</u> received a pap smear within the past three years)	51	13.2	13,085

Q186B ---ask only if Q18X5 = 1 Was your last Pap smear done as part of a routine checkup, or to check a current or previous problem?	Sample Size (n)	Weighted %	Weighted Population
1. Routine checkup	346	93.0	118,663
2. Check previous or current problem	-		

Q18X7* ---ask only if Q17X4 ? 11 Have you had a hysterectomy? IF NEEDED: A hysterectomy is an operation to remove the uterus (womb).	Sample Size (n)	Weighted %	Weighted Population
1. Yes	118	19.9	25,351
2. No	428	80.1	101,763

Q18X8* ---ask only if Q17X4 ? 11 and Q18X7 ? 1 (Age is less than 45 and have not had a hysterectomy) To your knowledge, are you now pregnant?	Sample Size (n)	Weighted %	Weighted Population
1. Yes	-		
2. No	239	93.3	63,685

Section 19: Prostate Cancer Screening

(If respondent is 39 years or younger, or is female, go to next section)

Q19X1* A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?	Sample Size (n)	Weighted %	Weighted Population
1. Yes	140	63.5	43,985
2. No	70	36.5	25,306

Q19X2* ---**ask only if Q19X1 = 1** How long has it been since you had your last PSA test?	Sample Size (n)	Weighted %	Weighted Population
1. Within the past year (1 to less than 12 months ago)	92	65.1	28,549
2. Within the past 2 years (1 year but less than 2 years ago)	31	21.3	9,337
3. Within the past 3 years (2 years but less than 3 years ago)	-		
4. Within the past 5 years (3 years but less than 5 years ago)	-		
5. Or 5 or more years ago	-		

RFPSA2Y Risk factor for men aged 40 and older that have not had a PSA test within the past two years	Sample Size (n)	Weighted %	Weighted Population
1. Not at risk (Males, aged 40 and older that have had a PSA test within the past two years)	123	54.8	37,885
2. At risk (Males, aged 40 and older that have <u>not</u> had a PSA test within the past two years)	86	45.2	31,253

Q19X3* A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape and hardness of the prostate gland. Have you ever had a digital rectal exam?	Sample Size (n)	Weighted %	Weighted Population
1. Yes	183	79.3	57,690
2. No	40	20.7	15,086

Q19X4* ---**ask only if Q19X3 = 1** How long has it been since you had your last digital rectal exam?	Sample Size (n)	Weighted %	Weighted Population
1. Within the past year (1 to less than 12 months ago)	89	49.7	28,559
2. Within the past 2 years (1 year but less than 2 years ago)	50	24.1	13,869
3. Within the past 3 years (2 years but less than 3 years ago)	-		
4. Within the past 5 years (3 years but less than 5 years ago)	-		
5. Or 5 or more years ago	-		

Q19X5* Have you ever been told by a doctor, nurse, other health professional that you had prostate cancer?	Sample Size (n)	Weighted %	Weighted Population
1. Yes	-		
2. No	215	96.8	70,468

Section 20: Colorectal Cancer Screening

(If respondent is 49 years old or younger, go to next section)

Q20X1* A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?	Sample Size (n)	Weighted %	Weighted Population
1. Yes	234	60.8	54,374
2. No	140	39.2	35,090

Q20X2* ---**ask only if Q20X1 = 1** How long has it been since you had your last blood stool test using a home kit?	Sample Size (n)	Weighted %	Weighted Population
1. Within the past year (1 to less than 12 months ago)	86	37.5	20,066
2. Within the past 2 years (1 year but less than 2 years ago)	44	18.0	9,627
3. Within the past 5 years (2 years but less than 5 years ago)	63	26.5	14,183
4. Or 5 or more years ago	38	18.0	9,599

RFBLDST Risk factor for respondents aged 50 and older that have not had a blood stool test within the past two years	Sample Size (n)	Weighted %	Weighted Population
1. Not at risk (Respondents aged 50 and older that have had a blood stool test within the past two years)	130	33.5	29,693
2. At risk (Respondents aged 50 and older that have <u>not</u> had a blood stool test within the past two years)	241	66.5	58,872

Q20X3***** Sigmoidoscopy (sig-moid-os-k'py) and colonoscopy (co-lon-os-k'py) are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams?

		Sample Size (n)	Weighted %	Weighted Population
1.	Yes	219	56.9	51,197
2.	No	158	43.1	38,835

Q20X4***** ---ask only if Q20X3 = 1 How long has it been since you had your last sigmoidoscopy or colonoscopy?

		Sample Size (n)	Weighted %	Weighted Population
1.	Within the past year (1 to less than 12 months ago)	64	28.0	14,115
2.	Within the past 2 years (1 year but less than 2 years ago)	48	20.4	10,270
3.	Within the past 5 years (2 years but less than 5 years ago)	69	36.4	18,357
4.	Or 5 or more years ago	34	15.2	7,639

RFSIGMD Risk factor for respondents aged 50 and older that have never had a sigmoidoscopy or colonoscopy

		Sample Size (n)	Weighted %	Weighted Population
1.	Not at risk (Respondents aged 50 and older that have had a sigmoidoscopy or colonoscopy)	219	56.9	51,197
2.	At risk (Respondents aged 50 and older that have <u>not</u> had a sigmoidoscopy or colonoscopy)	158	43.1	38,835

Section 21: HIV/AIDS

(If respondent is 65 years old or older, go to next section)

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

Q21X3***** How important do you think it is for people to know their HIV status by getting tested? Would you say. . .

		Sample Size (n)	Weighted %	Weighted Population
1.	Very important	636	88.2	194,499
2.	Somewhat important	58	6.8	14,954
3.	Or not at all important	-		
4.	Depends on risk	36	4.9	10,778

Q21X4***** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.   (IF NEEDED: Please include saliva tests.)

		Sample Size (n)	Weighted %	Weighted Population
1.	Yes	329	43.2	93,244
2.	No	386	56.8	122,508

AIDSTEST Risk factor for respondents less than 65 years old that have ever been tested for HIV

		Sample Size (n)	Weighted %	Weighted Population
1.	Not at risk (Respondents aged 18-64 that have been tested for HIV)	329	43.2	93,244
2.	At risk (Respondents aged 18-64 that have <u>not</u> been tested for HIV)	386	56.8	122,508

Q21X6***** ---ask only if Q21X4 = 1 I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test?

		Sample Size (n)	Weighted %	Weighted Population
1.	It was required	55	18.5	17,084
2.	Someone suggested you should be tested	-		
3.	You thought you may have gotten HIV through sex or drug use	-		
4.	You just wanted to find out whether you had HIV	78	25.7	23,758
5.	You were worried that you could give HIV to someone	-		
6.	You were pregnant	55	15.3	14,204
7.	It was done as part of a routine medical check-up	58	16.8	15,517
8.	Or you were tested for some other reason	55	16.6	15,373

Q217B Did you receive the results of your test?	Sample Size (n)	Weighted %	Weighted Population
1. Yes	213	91.3	89,716
2. No	-		

Q217C Did you receive counseling or talk with a health care professional about the results of your test?	Sample Size (n)	Weighted %	Weighted Population
1. Yes	78	34.4	33,616
2. No	145	65.6	64,214

Section 22: Firearms

The next few questions are about firearms. We are asking these in a survey on health and health practices because homicide and suicide are among the leading causes of death, and firearms are involved in a majority of these deaths. Please include weapons such as pistols, shotguns, and rifles, but not BB guns, starter pistols, or guns that cannot fire.

Q22X1* Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle.	Sample Size (n)	Weighted %	Weighted Population
1. Yes	367	40.5	101,109
2. No	516	59.5	148,619

Q22X2* ---ask only if Q22X1 = 1 Are any of these firearms now loaded?	Sample Size (n)	Weighted %	Weighted Population
1. Yes	66	19.2	19,272
2. No	297	80.8	80,945

RFFRARM Risk factor for living in home with loaded firearm	Sample Size (n)	Weighted %	Weighted Population
1. Not at risk (Living in home with <u>no</u> guns or <u>unloaded</u> firearms)	464	89.5	163,583
2. At risk (Living in home with loaded firearm)	66	10.5	19,272

Q22X3* ---ask only if Q22X2 = 1 Are any of these loaded firearms also unlocked? By "unlocked" we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock.	Sample Size (n)	Weighted %	Weighted Population
1. Yes	46	72.0	13,873
2. No	-		

RFFRAR2 Risk factor for living in home with loaded and unlocked firearm	Sample Size (n)	Weighted %	Weighted Population
1. Not at risk (Living in home with <u>no</u> guns or <u>unloaded</u> firearm or <u>locked</u> firearm)	833	94.4	234,962
2. At risk (Living in home with loaded and unlocked firearm)	46	5.6	13,873

The following are weighted for households

HHQ22X1* Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle.	Sample Size (n)	Weighted %	Weighted Household
1. Yes	367	38.0	39,483
2. No	516	62.0	64,386

HHQ22X2* ---ask only if Q22X1 = 1 Are any of these firearms now loaded?	Sample Size (n)	Weighted %	Weighted Household
1. Yes	66	20.8	8,102
2. No	297	79.2	30,923

HHRFFRARM Risk factor for living in home with loaded firearm	Sample Size (n)	Weighted %	Weighted Household
1. Not at risk (Living in home with <u>no</u> guns or <u>unloaded</u> firearms)	464	89.3	67,411
2. At risk (Living in home with loaded firearm)	66	10.7	8,102

HHQ22X3* ---**ask only if Q22X2 = 1** Are any of these loaded firearms also unlocked? By "unlocked" we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock.

	Sample Size (n)	Weighted %	Weighted Household
1. Yes	46	72.8	5,897
2. No	-		

HHRFFRAR2 Risk factor for living in home with loaded and unlocked firearm

	Sample Size (n)	Weighted %	Weighted Household
1. Not at risk (Living in home with <u>no</u> guns or <u>unloaded</u> firearm or <u>locked</u> firearm)	833	94.3	97,513
2. At risk (Living in home with loaded and unlocked firearm)	46	5.7	5,897

Section 23: Suicidal Thoughts

Q23X1 In the past year, did you ever seriously consider attempting suicide?
IF YES: In case you feel this way again, we have the phone number of a support hotline near you. If you would like to write this number down, it is <(360)-696-9560 or 1-800-626-8137>.
INTERVIEWER NOTE: If respondent says he or she is thinking about suicide right now, stop the survey and say, "I'm going to ask you to talk with someone who knows more about this than I do.   Here is my supervisor_____. I'll be going off the line."

	Sample Size (n)	Weighted %	Weighted Population
1. Yes	-		
2. No	880	97.9	251,097

Section 24: Family Violence

The next few questions are about abuse that may have happened to you as a child, before you were 18. Although these questions are about your childhood, if I learn about child abuse or neglect that may be happening NOW to someone under 18, I have to report it to Child Protective Services. With this one exception, your answers are confidential. You don't have to answer a question if you don't want to and you can stop the interview at any time.

Q24X1 Before you were 18, was there any time when you were punched, kicked, choked, or received a more serious physical punishment from a parent or other adult guardian?

	Sample Size (n)	Weighted %	Weighted Population
1. Yes	86	10.3	25,958
2. No	802	89.7	225,477

Q24X4 Before you were 18, did anyone ever touch you in a sexual place or make you touch them when you did not want them to?

	Sample Size (n)	Weighted %	Weighted Population
1. Yes	136	12.3	30,971
2. No	747	87.7	219,892

Q24X7 As a child, did you ever see or hear one of your parents or guardians being hit, slapped, punched, shoved, kicked, or otherwise physically hurt by their spouse or partner?

	Sample Size (n)	Weighted %	Weighted Population
1. Yes	132	14.5	36,547
2. No	758	85.5	216,092

Q24X8 Since you were 18, has anyone ever forced you to participate in a sex act against your will?

	Sample Size (n)	Weighted %	Weighted Population
1. Yes	43	3.9	9,915
2. No	848	96.1	242,748

Q24X9 Now I'd like to ask you some questions about your relationships with current or former intimate partners. An intimate partner is a current or former husband, wife, boyfriend, girlfriend, or dating partner. In the past 12 months, has an intimate partner hit, slapped, shoved, choked, kicked, shaken or otherwise physically hurt you?

		Sample Size (n)	Weighted %	Weighted Population
1.	Yes	-		
2.	No	872	98.2	246,557

Q2410 In the past 12 months, did an intimate partner limit your activities, threaten you or make you feel unsafe in any other way?

		Sample Size (n)	Weighted %	Weighted Population
1.	Yes	-		
2.	No	861	97.4	244,142

Q2412 These issues are sometimes difficult and uncomfortable to talk about. I really appreciate your answering them. If you or anyone you know is ever in immediate danger, they can call 911 or the local police. There is also a confidential, multilingual hotline to help anyone who is being hurt or threatened by an intimate partner. The hotline's number - if you'd like to write it down - is 1-800-562-6025. You can also find the number in the telephone book in the state government section under Abuse/Assault, Domestic Violence Hotline. IF NEEDED: The Department of Social and Health Services operates the hotline.

Section 25: Environmental Health

Q25X2 Have you experienced discomfort due to pollutants in the outside air such as headaches, shortness of breath, breathing trouble or coughing?

		Sample Size (n)	Weighted %	Weighted Population
1.	Yes	151	22.4	57,209
2.	No	450	77.6	197,884

Q252A ---ask only if Q25X2 =1 In which season do you experience these symptoms most often?

		Sample Size (n)	Weighted %	Weighted Population
1.	Spring	54	34.0	18,495
2.	Summer	33	25.6	13,941
3.	Fall	-		
4.	Winter	-		
5.	Year around	-		
6.	Occasionally	-		

Q25X3 Have you ever experienced discomfort from INDOOR air, such as headaches, shortness of breath, breathing trouble, or coughing?

		Sample Size (n)	Weighted %	Weighted Population
1.	Yes	140	20.4	52,587
2.	No	466	79.6	204,738

Q253A ---ask only if Q25X3 =1 Where did these symptoms occur?

		Sample Size (n)	Weighted %	Weighted Population
1.	Home	51	32.0	16,643
2.	Workplace/Office	52	42.4	22,059
3.	Public building (restaurant, recreational facility)	-		
4.	Somewhere else (SPECIFY:)	-		

Q25X4 What is the PRIMARY source of heat for your home, that is, the one you use most often?

		Sample Size (n)	Weighted %	Weighted Population
1.	Electricity	383	63.2	163,364
2.	Natural gas	161	26.3	67,855
3.	Oil	-		
4.	Propane/Propane powered heat			
5.	Wood burning stove	44	7.5	19,309
6.	Fireplace	-		
7.	Somewhere else (SPECIFY:)	-		

Q25X6 What is the source of your home's drinking water? Does it come from a ... (IF NEEDED: Community systems usually serve fewer than 100 households) (IF NEEDED: Other sources such as rivers, lakes or springs.)

	Sample Size (n)	Weighted %	Weighted Population
1. City or district supply	472	78.2	196,126
2. Community system	-		
3. Private well	96	16.4	41,041
4. Somewhere else (SPECIFY:)	-		

Q25X7 **---ask only if Q25X6 = 3** Has your well water ever been tested?

	Sample Size (n)	Weighted %	Weighted Population
1. Yes	89	94.5	37,285
2. No	-		

Q25X8 **---ask only if Q25X6 = 3 and Q25X7 = 1** About how long has it been since it was tested? Would you say. . .

	Sample Size (n)	Weighted %	Weighted Population
1. Within the last 3 years	53	62.9	22,919
2. 4 to 5 years ago	-		
3. Or over 5 years ago	-		

Q25X9 Did the results from well testing indicate the presence of any contaminants?

	Sample Size (n)	Weighted %	Weighted Population
1. Yes	-		
2. No	83	96.6	34,827

Q2510 What kind of sewage disposal system does your home use, is it a...

	Sample Size (n)	Weighted %	Weighted Population
1. Municipal sewer	383	65.8	156,491
2. Septic tank or drain field	188	33.9	80,520
3. Or some other system (SPECIFY:)	-		

Q2511 **---ask only if Q2510 = 2** How old is your septic tank?

	Sample Size (n)	Weighted %	Weighted Population
1. Less than 3 years old	-		
2. 3 or more years old	155	93.5	65,330

Q2512 Is there a solid waste disposal service, such as garbage or trash pickup, in your community?

	Sample Size (n)	Weighted %	Weighted Population
1. Yes	612	99.6	257,418
2. No	-		

Q2513 **---ask only if Q2512 = 1** Do you use a solid waste disposal service, such as garbage or trash pickup?

	Sample Size (n)	Weighted %	Weighted Population
1. Yes	574	93.7	241,524
2. No	38	6.3	16,181

Q2514 **---ask only if Q2512 = 2 OR Q2513 = 2** How do you handle your solid waste, such as garbage and trash?

	Sample Size (n)	Weighted %	Weighted Population
1. Haul it to a collection site	32	82.7	13,845
2. Recycle and compost	-		
3. Other (SPECIFY:)	-		